STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265149	A. Building B. Wing	05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Seasons Living Center	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, facility staff failed to update two resident's (Resident #1 and Resident #2) plan of care after the residents consistently pulled the fire alarm. The facility census was 235. 1. Review of the facility's Comprehensive Care Plan, dated 10/31/24, showed the facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and time frames to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment. The policy showed it did not contain direction for staff regarding updating the resident's plan of care with new interventions after a new or increased behavior.2. Review of Resident #1's quarterly Minimum Data Set (MDS), dated [DATE], a federally mandated assessment tool, showed staff assessed the resident as cognitively intact and did exhibit other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds) one to three days during the lookback period.Review of the resident's care plan, dated 03/31/26, showed the resident had a negative behavior of pulling fire alarms. Review showed the care plan did not contain documentation of new interventions related to the pulling the facility fire alarms.Observation on 05/26/26 at 11:03 A.M., showed staff turning off the fire alarm. At this time, the resident said said he/she pulled the fire alarm.During an interview on 05/26/26 at 2:01 P.M., Certified Medication Technician (CMT) A said the resident had a history of pulling the fire alarm. He/She said the resident pulled the alarm when he/she wanted cigarettes, or if he/she was out of cigarettes, and was upset. He/She did not know what interventions were in place for the behavior.During an interview on 05/26/26 at 2:20 P.M., Licensed Practical Nurse (LPN) B said the resident had a history of pulling the fire alarm when he/she did not get his/her way. He/She did not know if the behavior was addressed in the care plan.During an interview on 05/26/26 at 2:55 P.M., Certified Nurse Aide (CNA) C said the resident had a history of pulling the fire alarm.During an interview on 06/09/26 at 8:59 AM, the administrator said staff had recently reported behaviors of the resident pulling the fire alarm.3. Review of Resident #2's comprehensive MDS, dated [DATE], showed staff assessed the resident as moderately cognitively impaired and did not exhibit other behavioral symptoms not directed toward others during the lookback period.Review of the resident's progress notes, dated 05/25/26, showed staff documented the resident pulled the fire alarm.Review of the resident's care plan, dated 05/26/26, showed staff documented the resident had manifestations of behaviors related to his/her mental illness and behaviors include pulling facility fire alarms. Observation on 05/26/26 at 11:08 A.M., showed the fired alarm went off in the 400 hallway.During an interview on 05/26/26 at 12:08 P.M., the regional nurse said the resident had a history of pulling the fire alarm.During an interview on 05/26/26 at 2:01 P.M., CMT A said the resident had a history of pulling the fire alarm. He/She said the resident just pulled the alarm a day or two ago and pulled the alarm every other day. He/She said the resident pulled the alarm when he/she wanted something. He/She did not know what interventions (continued on next page)

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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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	were in place for the behavior.During an interview on 05/26/26 at 2:55 P.M., CNA C said the resident pulled the fire alarm today. He/She said pulled the alarm on 05/21/26 and had a history of frequently pulling the fire alarm since he/she was admitted to the facility. He/She said he/she did not know what interventions were in place for his/her behaviors. During an interview on 05/26/26 at 2:20 P.M., LPN B said the resident had a history of pulling the fire alarm when he/she wanted cigarettes. He/She did not know if the behavior was addressed in the care plan.During an interview on 06/09/26 at 8:59 AM, the administrator said staff had recently reported behaviors of the resident pulling the fire alarm.4. During an interview on 05/26/26 at 2:20 P.M., LPN B said behaviors of pulling the fire alarm should be addressed in resident's care plan. He/She said new interventions should be addressed in the resident's care plan if the resident was still having the same behavior.During an interview on 05/26/26 at 3:14 P.M., the corporate nurse said he/she would expect to see interventions in the care plan after a change in behavior and new interventions depending on the reason for interventions not working. He/She said the nurse can update resident care plans.During an interview on 06/09/26 at 8:59 AM, the administrator said he/she expected the resident's care plan to include new interventions after the fire alarm was pulled. He/She said the nurses were also able to update the care plans with new interventions after behaviors. He/She said he/she are re-educating the nurses to update the care plans with new interventions and to also update the care plan coordinator when a resident had a new behavior. #3019574

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Based on observation, interviews and record review, facility staff failed to provide adequate nursing staff, as determined by their facility assessment. The facility census was 239.1. Review of the facility's Facility Assessment Policy and Tools policy, dated 10/31/24, showed the facility must have sufficient nursing staff with the appropriate competencies and skill sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at 483.70(e)2. Review of the Facility Assessment, dated 08/01/25, showed the average daily census for the last six months of occupied beds as 235. Review showed the assessment based on the resident population and their needs for care and support daily. Review showed direct care staff required to care for their facility census for a twenty-four-hour period should include:-Four Resident Care Coordinator (RCC);-Eight Licensed Practical Nurses (LPN);-Twenty-Four Certified Nurse Aides (CNA);-Nine Certified Medical Technicians (CMT).Review of the facility staffing schedule from 05/10/26 through 05/16/26, with an average daily census of 235, showed: -Sunday, 05/10/26; three RCC's, six LPN, sixteen CNA's and eight CMT's;-Monday, 05/11/26; three RCC's, six LPN, ten CNA's and six CMT's;-Tuesday, 05/12/26; three RCC's, four LPN, fourteen CNA's and seven CMT's;-Wednesday, 05/13/26; three RCC's, four LPN, fifteen CNA's and seven CMT's;-Thursday, 05/14/26; two RCC's, six LPN, sixteen CNA's and seven CMT's;-Friday, 05/15/26; three RCC's, five LPN, fourteen CNA's and five CMT's;-Saturday, 05/16/26; three RCC's, four LPN, fourteen CNA's and six CMT's.During an interview on 06/09/26 at 8:59 AM, the administrator said the staffing coordinator was responsible for updating the staffing schedule. He/She said he/she worked with the Director of Nursing (DON) to ensure there was enough staff per the facility assessment.During an interview on 06/09/26 at 9:04 A.M., the staffing coordinator said he/she was responsible for completing the daily staffing schedules. He/She said he/she would coordinate with the administrator and DON. He/She followed the facility assessment to verify how many staff are required each day. He/She said he/she had a lot of employees who recently quit.#3019426