

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 10/25/2024
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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>48982</p> <p>Based on record review and interview, facility staff failed to prevent the commingling of 12 resident's (Resident #53, #85, #69, #102, #20, #181, #128, #98, #125, #216, #116, and #204) personal funds with the facility operating funds out of 79 sampled. The sampled resident's resided in the facility. The facility census was 233.</p> <p>1. Review of the facility's policy titled Resident Rights, revised 07/05/23, showed the facility must establish and maintain a system that assures a full and complete separate accounting of resident's personal funds, the system must preclude any commingling of resident funds with facility funds.</p> <p>Review of the facility's policy titled Resident Trust, revised 11/08/23, showed the facility shall keep an accurate and maintained accounting system for the residents that choose to have their personal funds managed. These funds shall be safeguarded by the facility using complete and separate accounting principles, which precludes any commingling of resident funds with facility funds.</p> <p>Review of the facility's Admission Agreement, undated, showed the facility must establish and maintain a system that assures a full and complete separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to facility on resident's behalf. The system must preclude any commingling of resident funds with facility funds.</p> <p>2. Review of the facility's-maintained Account Receivable Aging report, dated 10/22/24, showed current residents with personal funds held in the facility operating account:</p> <ul style="list-style-type: none"> -Resident #53 with a credit balance of \$704.00 with a start date of 01/03/23; -Resident #85 with a credit balance of \$2631.95 with a start date of 01/03/23; -Resident #69 with a credit balance of \$1094.00 with a start date of 01/11/23; -Resident #102 with a credit balance of \$1884.71 with a start date of 01/17/23; -Resident #20 with a credit balance of \$921.35 with a start date of 01/31/23; -Resident #181 with a credit balance of \$1415.00 with a start date of 02/07/23; <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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Resident #128 with a credit balance of \$2923.80 with a start date of 04/30/23;</p> <p>-Resident #98 with a credit balance of \$2336.00 with a start date of 06/06/23;</p> <p>-Resident #125 with a credit balance of \$184.00 with a start date of 09/01/23;</p> <p>-Resident #216 with a credit balance of \$6251.00 with a start date of 01/26/24;</p> <p>-Resident #116 with a credit balance of \$6651.61 with a start date of 07/09/24;</p> <p>-Resident #204 with a credit balance of \$1184.00 with a start date of 08/23/24.</p> <p>3. During an interview on 10/22/24 at 2:00 P.M., the Business Office Manager (BOM) said he/she is responsible for the resident trust and the Corporate AR manger is responsible for the Account Receivable report and facility funds. The BOM said the facility terminated the prior BOM staff in June 2024 and the Corporate Account Receivable manager took over. The BOM said the facility does not have written authorization to hold resident funds in the facility account. The BOM said the facility did not commingle resident resident funds with facility funds.</p> <p>During an interview on 10/23/24 at 3:00 P.M., the Corporate Account Receivable manager said he/she is responsible for Account Receivable at the facility. The Corporate Account Receivable manager said he/she took over in June or July 2024. The Corporate Account Receivable manager said the facility does not have written authorization to hold funds. The Corporate Account Receivable manager said the facility should not commingle resident funds with facility funds.</p> <p>During an interview on 10/25/24 at 1:23 P.M., the administrator said he/she started at the facility this week. The administrator said the business office and the administrator are responsible to review the Account Receivable and billing.</p> <p>During an interview on 10/25/24 at 1:30 P.M., the Corporate Administrator said he/she has been at the facility since June 2024 as the Administrator until this week when the new Administrator started. The Corporate Administrator said the Account Receivable and billing should be reviewed weekly. The Corporate Administrator said the facility does not have written permission to hold these credits.</p>		

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<p>F 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>48982</p> <p>Based on record review and interview, facility staff failed to provide refunds of personal funds to the residents from the facility operating account within 30 days for three residents (Resident #587, #588, and #585) out of five sampled who were discharged from the facility. The facility census was 233.</p> <p>1. Review of the facility's policy titled Resident Rights, revised 07/05/23, showed upon the death of a resident the facility must convey within 30 days resident funds, and financial accounting of those funds to the individual or probate jurisdiction administering the resident estate. Within five days of the discharge of a resident, the facility will provide the resident or resident designee/guardian with an up-to-date accounting of resident funds. Upon the death of a resident the facility will provide an accounting to either the Department of Social Services or the fiduciary of the resident's estate.</p> <p>Review of the facility's policy titled Resident Trust, revised 11/08/23, showed upon a resident death the facility shall submit in writing a complete accounting of the resident's remaining personal funds, this must be submitted within 30 days from the date of death .</p> <p>Review of the facility's Admission Agreement, undated, showed upon death of a resident facility must convey within 30 days resident funds and a final accounting of those funds to the individual or probate jurisdiction administering resident estate.</p> <p>2. Review of the facility's-maintained Account Receivable Aging report, dated 10/22/24, showed residents with personal funds held in the facility operating account:</p> <ul style="list-style-type: none"> -Resident #587 discharged from the facility on 06/04/23 with a credit balance of \$2264.29; -Resident #588 discharged from the facility on 06/18/23 with a credit balance of \$2259.79; -Resident #585 discharged from the facility on 05/31/24 with a credit balance of \$703.20. <p>3. During an interview on 10/22/24 at 2:00 P.M., the Business Office Manager (BOM) said he/she is responsible for the resident trust and the Corporate Account Receivable manger is responsible for the Account Receivable report and facility funds. The BOM said he/she did not know why the resident's money had not been refunded, but he/she did know there were refunds that should have been sent.</p> <p>During an interview on 10/23/24 at 3:00 P.M., the Corporate Account Receivable manager said he/she is responsible for Account Receivable at the facility. The Corporate Account Receivable manager said he/she took this over in June or July 2024. The Corporate Account Receivable manager said the Account Receivable report should be reviewed every month and at the very latest every 45 days. The Corporate Account Receivable manager said refunds should be issued within 30 days, but at this time he/she is still working to get caught up. The Corporate Account Receivable manager said he/she is aware there are outstanding negative balances still needing to be addressed.</p> <p>(continued on next page)</p>		

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<p>F 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/25/24 at 1:23 P.M., the administrator said he/she started at the facility this week. The Administrator said the business office and the administrator are responsible to review the Account Receivable and billing. The administrator said the AR and billing should be reviewed weekly. The administrator said he/she thought refunds should be completed within 30 days of a resident death and within five days of a resident discharge but he/she does not know why they have not been refunded.</p> <p>During an interview on 10/25/24 at 1:30 P.M., the Corporate Administrator said he/she has been at the facility since June 2024 as the Administrator until this week when the new Administrator started. The Corporate Administrator said the Account Receivable and billing should be reviewed weekly. The Corporate Administrator said he/she did not know there were outstanding credit balances until the BOM reported it to him/her during survey. The Corporate Administrator said he/she does not know why there are outstanding credit balances on the Account Receivable . The Corporate Administrator said refunds should be completed within 30 days of a resident death and within five days of a resident discharge.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37131</p> <p>Based on observation and interview, facility staff failed to provide a comfortable and homelike environment for residents, when staff failed to maintain resident rooms, furniture in common areas, and ensure resident rooms did not contain piles of laundry. Staff failed to clean and maintain wheelchairs for three residents (Resident #137, #98, and #115) of 35 sampled residents. The facility census was 233 with a capacity of 239.</p> <p>1. Review of facility policy titled, Housekeeping - Deep Cleaning, dated 06/29/23, show staff were directed as follows:</p> <ul style="list-style-type: none"> -Deep cleaning is to be completed as scheduled. This includes complete pull-outs of furniture in rooms, wall cleaning, floor cleaning (scrubbing and waxing included), restrooms to be cleaned and disinfected, floors at closets and doorways are to be free from wax/dirt build up; -All areas should be monitored on a daily basis and all resident living areas and non-living areas should be clean and odor free; -Daily Cleaning: dust mop or sweep floor; clean bathroom using the same cleanser/disinfectant wall smudges, inside and outside of toilet tank, seat and bowl. -Resident room deep clean: -All resident rooms will be deep cleaned once monthly or more often if needed, as in the case of heavy care rooms; -Floor bathroom surfaces will be cleaned with a cleaner/disinfectant; -Floors will be swept and mopped and any dirt, grime or stains will be hand scrubbed with stiff brush or other equipment suitable for removing surface dirt from the entire floor; -Necessary wall washing to remove smudges and spots will be done with disinfectant cleaner. <p>Review of the facility policy titled, Handling Clean and Dirty Linen, dated 06/26/24, showed staff were directed as follows:</p> <ul style="list-style-type: none"> -It is the policy of this facility to handle, store, process and transport clean and soiled linen in a safe and sanitary method to prevent contamination of the linen, which can lead to infection; -Linen can become contaminated with pathogens from contact with intact skin, body substances, or from environmental contaminants; -Linen should not be allowed to touch the uniform or floor and should be handled as little as possible, with minimum agitation to avoid contamination of air, surfaces, and persons; <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Used or soiled linen shall be collected at the bedside (or point of use, such as dining room) and placed in a linen bag or designated lined receptacle.</p> <p>Review of the facility policy titled, Use of Assistive Devices, dated 05/18/24, showed staff were directed as follows:</p> <p>-The purpose of this policy is to provide a reliable process for the proper and consistent use of assistive devices for those residents requiring equipment to maintain or improve function and/or dignity;</p> <p>-Assistive devices are tools, products, types of equipment, or technology that help individuals perform tasks and activities and may include: mobility aids, such as wheelchairs;</p> <p>-The facility will provide assistive devices for residents who need them; nursing, dietary, social services, and therapy departments will work together to ensure availability of devices, such as for ordering and/or replacement;</p> <p>-Direct care staff will be trained on when to refer to other departments for changes in condition or problems with the device;</p> <p>-A nurse with responsibility for the resident will monitor for the consistent use of the device and safety in the use of the device. Refusals of use, or problems with the device, will be documented in the medical record;</p> <p>-Storage and maintenance of equipment is based on the determination of the department with responsibility for oversight.</p> <p>2. Observation on 10/21/24 at 12:08 P.M., showed occupied resident room [ROOM NUMBER] wall with black scuff marks on the bottom edge under the window, and peeling paint near the heater/air conditioning unit.</p> <p>Observation on 10/23/24 at 9:40 AM showed occupied resident room [ROOM NUMBER] wall with a black substance on the floor, sticky, and an unpainted patched drywall to the left of the window.</p> <p>3. Observation on 10/21/24 at 12:12 P.M., showed occupied resident room [ROOM NUMBER] floor with a black substance, visible wheelchair tire prints and footprints, and the floor sticky.</p> <p>4. Observation on 10/21/24 at 12:14 P.M., showed occupied resident room [ROOM NUMBER] floor with a black substance, wheelchair marks on the floor, and the floor sticky.</p> <p>Observation on 10/22/24 at 9:43 A.M. showed occupied resident room [ROOM NUMBER] floor with a black substance, wheelchair marks on the floor, and the floor sticky.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. Observation on 10/22/24 at 11:45 A.M., showed occupied resident room [ROOM NUMBER] floor sticky floor with debris and brown shoe marks along the walkway. The clothing cabinet with six broken doors that do not close. The drawers under the sink broken with drawers overlapping and not closing properly. The countertop chipped with exposed brown layer below the finish. The interior door handle loose, chipped and dented. Three flies flew throughout the room around the resident and landed on the resident. The resident bathroom with feces on the toilet and toilet seat, the floor, the safety bar next the toilet, on the inside of the bathroom door, and on the wall to the front and left of the toilet.</p> <p>Observation on 10/22/24 at 11:50 A.M., showed an unidentified Certified Nurse Aide (CNA) in the resident's room who told the resident the feces in the bathroom is from the previous occupant of his/her room and had not been cleaned yet. The CNA told the resident he/she would have another CNA clean the bathroom.</p> <p>Observation on 10/22/24 at 11:52 A.M., showed an unidentified CNA got a white wash rag wet with tap water and entered the bathroom.</p> <p>Observation on 10/22/24 at 11:56 A.M., showed the unidentified CNA left the bathroom and told the resident it is clean except the floor and housekeeping would be around to clean it.</p> <p>Observation on 10/22/24 at 11:57 A.M., showed the bathroom had feces on the wall in front of and to the left of the toilet and on the door.</p> <p>During an interview on 10/22/24 at 11:58 A.M., the resident said the toilet in the room is so dirty he/she could not sit down to use the restroom. The resident said look at these flies everywhere. It is disgusting.</p> <p>6. Observation on 10/22/24 at 12:00 P.M., showed resident occupied room [ROOM NUMBER] floor sticky and covered with debris. The clothing cabinets and drawers beneath the countertop broken with drawers overlapping and not closing properly. The counter and sink are covered with debris on and around the sink. The floor under the sink dirty with debris.</p> <p>7. Observation on 10/22/24 at 12:08 P.M., showed the [NAME] dining room floor sticky with dirty shoe prints, black sticky spots of debris and brown stains. The cabinets under the countertop dirty and do not close properly. The wall to the right of the doorway with dried food and drinks on it.</p> <p>8. Observation on 10/22/2024 at 12:11 P.M., showed the Units wall with a cut out under the fire extinguisher chipped with peeled paint above the baseboard. The baseboard around the wall split and peeled on the right-hand corner and middle.</p> <p>9. Observation on 10/24/24 at 2:58 P.M., showed an unknown resident on the unit kicked a large clump of dust from the middle of the hallway to the edge of the hall.</p> <p>10. During an interview on 10/24/24 at 3:04 P.M., CNA T said the aides assigned to the unit are responsible for cleaning the tables and mopping the floor in the [NAME] diner, as well as cleaning up trash and clutter throughout the unit. The CNA said housekeeping staff is responsible for cleaning the resident rooms daily.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/24/24 at 3:07 P.M., Resident Care Coordinator (RCC) BB said housekeeping staff is responsible for cleaning the unit daily. The RCC said there are a lot of days the nursing staff end up doing the housekeeping duties. The RCC said he/she did not know why housekeeping staff had not been cleaning this hallway.</p> <p>During an interview on 10/25/24 at 9:18 A.M., the housekeeping supervisor said there is housekeeping staff assigned to the unit. The staff is responsible for cleaning each room daily and deep cleaning two rooms daily. The housekeeping supervisor said the common areas are cleaned by the nursing staff and custodial staff. He/She said custodial staff are responsible for going behind the housekeeper to double check cleanliness. The housekeeping supervisor said he/she completes daily rounds of the facility to check for cleanliness. He/She said he/she had not been on the unit this week to check for cleanliness.</p> <p>11. Review of the Maintenance Log at the 400/500 hall Nurse's Station, showed staff documented a request for maintenance on 10/25/24, with the last maintenance request in the log dated 09/27/24.</p> <p>12. Observation on 10/21/24 at 2:43 P.M., showed occupied resident room [ROOM NUMBER] bed without sheets, the floor with a black stain, and a pile of clothes on the floor next to the bed.</p> <p>During an interview on 10/21/24 2:44 P.M., Resident #119 said the clothes on the floor are dirty and needed to be washed, but since the washer and dryer on the unit haven't been working for about a month, he/she needed a bag from staff, and help to get the clothes upstairs to be washed.</p> <p>During an interview on 10/25/24 at 10:40 A.M., RCC AA said the floor in room [ROOM NUMBER] is a mess and is a room that needs to be cleaned more often than the others due to repeated mess made by the resident that requires daily cleaning or more often if needed, by the housekeeping staff.</p> <p>13. Observation on 10/21/24 at 2:47 P.M., showed 400 hall dining rooms two leather chairs with tears in the fabric and yellow foam hung out of the fabric.</p> <p>14. Observation on 10/21/24 at 2:51 P.M., showed Resident #137 pressure reducing cushion in his/her wheelchair with dried food debris and an unknown substance.</p> <p>15. Observation on 10/21/24 at 2:58 P.M., showed occupied resident room [ROOM NUMBER] transition strip from the room to the bathroom with black scuff marks and built-up debris, the residents bed fitted sheet with a large brown stain, and one brown-stained washcloth hung on each arm of the chair next to the bed.</p> <p>Observation on 10/24/24 at 9:02 A.M., showed the room with a white towel with brown stains tucked between the mattress and the foot board of the bed.</p> <p>During an interview on 10/21/24 at 2:58 P.M., Resident #90 said he/she thinks staff changed the bed sheets when needed and he/she did not know when they were last changed.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>16. Observation on 10/21/24 at 3:04 P.M., showed occupied resident room [ROOM NUMBER] bed sheets and comforter with a large brown stains, dirt and debris. The wheelchair in the room did not have the right arm rest and had exposed sharp metal. Resident #98's wheelchair had dried debris on the seat and a built up unknown substances on the frame and wheels. The bathroom had holes in the linoleum in front of the toilet. Dried food debris and unknown sticky black substance on tiles of room floor.</p> <p>Observation on 10/22/24 at 8:59 A.M., showed the room floor with sticky brown substances and a build up of black debris along the base trim.</p> <p>Observation on 10/23/24 at 11:42 A.M., showed the room with dried boost spilled on the tiles along the bed and under the sink. The sink had dirt and debris on it. Several empty chip bags on the floor throughout the room. An unknown dry substance on the wall beside the refrigerator. The linoleum in bathroom stained, discolored and with holes. The resident's wheelchair heavily soiled with debris and missing an armrest.</p> <p>During an interview on 10/23/24 at 2:12 P.M., CNA V said he/she had noticed the resident's wheelchair was in bad condition and he/she reported it to physical therapy department.</p> <p>17. Observation on 10/21/24 at 3:09 P.M., showed occupied resident room [ROOM NUMBER]'s clothing wardrobe laminate broken off of the door with exposed unfinished compressed board. The grab bar in the shower covered in rust and nine tiles around the toilet stained brown and discolored.</p> <p>18. Observation on 10/21/24 at 3:20 P.M., showed occupied residents room [ROOM NUMBER] with a pile of clothes on the floor next to the air conditioning unit. Resident #175 rolled his/her bed towards the door, pointed at the built-up black debris on floor and said, they need to clean all this up.</p> <p>During an interview on 10/21/24 at 3:20 P.M., Resident #10 said the washer on the unit is out of order, so the dirty clothes are getting backed up, and the dirty clothes on the floor belonged to him and his roommate.</p> <p>19. Observation on 10/21/24 at 3:31 P.M., showed occupied resident room [ROOM NUMBER] bed pillows with yellow and brown stains and did not have pillow cases. The bathroom toilet without caulk around the front and wet paper towels on floor around the toilet. The linoleum around the base of the toilet stained brown. The drywall above the base trim, by the shower damaged.</p> <p>Observation 10/23/24 at 11:58 A.M., showed under the bed contained dirty dishes with dried food on them. The tile floor contained brown stained and debris. The linoleum in the bathroom stained and discolored.</p> <p>During an interview on 10/21/24 at 3:31 P.M., Resident #164 said water leaks out of the bottom of the toilet. The resident said he/she just moved to the room .</p> <p>20. Observation on 10/21/24 at 3:41 P.M., showed occupied resident room [ROOM NUMBER] entrance without the transition strip, the floor sticky with black scuff marks, built-up debris and an area with blue stains on the floor between the two beds. The door scraped the floor and made a loud noise when opened or closed.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/21/24 at 3:41 P.M., Resident #141 said the floor in the room is nasty. He/She said staff did not clean the room after the other resident moved out a few days ago and prior to moving him/her into the room.</p> <p>During an interview on 10/24/24 at 3:44 P.M., the Maintenance Director said he/she did not not know the door to room [ROOM NUMBER] scraped the floor until this week when he/she did the walk-through with the state surveyor.</p> <p>During an interview on 10/25/24 at 10:40 A.M., RCC AA said he/she had not been in room [ROOM NUMBER] lately so he/she did not know how the floor looked or that there is not a transition strip.</p> <p>21. Observation on 10/21/24 at 3:55 P.M., showed occupied resident room [ROOM NUMBER] with an unpleasant odor, the floor sticky with black scuff marks, and built-up debris.</p> <p>During an interview on 10/21/24 at 3:55 P.M., Resident #79 said staff does not care about cleaning or fixing the rooms. The resident said the rooms that don't get fixed are usually the ones with residents who get in trouble, and he/she does not get in trouble with others so he/she does not know why his/her room looked like that.</p> <p>22. Observation on 10/22/24 at 8:20 A.M., showed Resident #115 sat in his/her wheelchair. The handles of the wheelchair are cracked and peeling.</p> <p>Observation on 10/24/24 at 8:14 A.M., showed the resident in his/her wheelchair, in the dining room. The frame of the wheelchair had built up dirt and debris. The Vinyl on the armrest is cracked and peeling apart.</p> <p>During an interview on 10/22/24 at 8:20 A.M., the resident said the screws are falling out of his/her wheelchair and the wheelchair does not work right. Resident said he/she had told staff, but no one listens to him/her.</p> <p>23. Observation on 10/23/24 at 8:11 A.M., showed occupied resident room [ROOM NUMBER] floor with dirt, debris and multiple burnt cigarette butts on the tile floor. Observation showed trash and food debris on tile through the room and in bathroom.</p> <p>24. Observation on 10/23/24 at 10:54 A.M., showed occupied resident room [ROOM NUMBER] with built up debris in the corner behind the door, and black scuff marks on the floor in front of the closet.</p> <p>25. Observation on 10/23/24 at 11:10 A.M., showed occupied resident room [ROOM NUMBER] floor with black stains and scuff marks.</p> <p>During an interview on 10/23/24 at 10:00 A.M., Resident #140 said staff only clean the rooms when State is in the building. The resident said they sometimes sweep and mop, but do not deep clean. The resident said we are paying to live here, and they want us to have to clean our room ourselves, and that's not fair because we are the customers.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>26. During an interview on 10/23/24 at 10:30 A.M., Certified Medication Technician (CMT) P said the washer and dryer on the unit are out of order, so the residents have to put their dirty clothes in the laundry barrel for staff to take to the main laundry room to be washed and returned to them. The CMT said the CNA or Hall Monitor on duty is responsible to check the rooms each shift for cleanliness and encourage the residents to put their dirty clothes in a bag and place the bag in the laundry barrel.</p> <p>During an interview on 10/24/24 at 4:10 P.M., CMT Q said the CNA or Hall Monitor on duty is responsible to check each shift or at least once a day to ensure the residents have clean sheets and pillow cases on the bed, remind/encourage them to bring their dirty clothes to the laundry bin to get washed, and help the ones that can't to get their clothes bagged, labeled and taken to the laundry room. The CMT said there is usually just two housekeepers staff here on the weekends for the entire building, so they mostly just empty trash in the rooms, and because it is a bit difficult to clean all the rooms, the staff just try to clean the hot rooms daily.</p> <p>During an interview on 10/24/24 at 4:14 P.M., Hall Monitor/ Nurse Aide (NA) X said he/she is responsible to help make beds for the residents that need help, and open the laundry room door for them to do laundry. He/She said since the washer is broken, he/she helps the residents get their dirty clothes bagged, taped with their name, and takes the barrel with dirty clothes to the main laundry room. The NA said he/she is still getting to know the residents, but if he/she sees any of them with a pile of clothes laying on the floor, he/she will check and see if they need to go to laundry and encourage or help the resident get the dirty clothes taken to laundry. The NA said he/she had not seen the clothes on the floor in room [ROOM NUMBER].</p> <p>During an interview on 10/25/24 at 8:55 A.M., Housekeeper N said there is usually just one or two staff at the facility on the weekends to clean for the entire building. The Housekeeper said the focus on the weekend is to remove the trash, clean the toilets, replenish toilet paper/paper towels, and clean the dependent residents' rooms. The Housekeeper said he/she worked one weekend to date, and only picked up the trash and cleaned one hot room on the 400/500 hall. The Housekeeper said he/she does not sweep or mop rooms on the weekend unless the room is really bad with lots of trash and spills on the floor.</p> <p>During an interview on 10/25/24 at 8:58 A.M., the Housekeeping Supervisor said there is usually just one housekeeper working on the weekends for the building, and their expectation is really just to empty the trash and do touch ups to the rooms that need it. He/She said the weekend staff does not deep clean rooms on the weekend, but if there is an issue with a room that has a dire need for deep cleaning, he/she will come to the facility and take care of it. He/She said most of the heavy cleaning is done during the week when most of the staff are available.</p> <p>During an interview on 10/25/24 at 9:52 A.M., CNA W said housekeeping cleans resident rooms every other day, or he/she will mop if he/she has time. The CNA said staff are supposed to page housekeeping on a walkie talkie if they see something needs to be cleaned. The CNA said he/she calls maintenance, if he/she sees something that needs to be fixed. The CNA said the floors in the rooms are dirty, he/she has notified housekeeping, but sometimes it still doesn't look clean after they clean the floors. I have reported stuff on the walls of the rooms to housekeeping and they haven't cleaned it.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/25/24 at 10:05 A.M., CMT R said the floors in the resident rooms are really bad and sticky. The CMT said he/she thinks housekeeping cleans resident rooms daily. The CNA said he/she calls a housekeeper on a walkie talkie, if he/she see something that needs to be cleaned. The CMT said sometimes he/she uses the walkie talkie to contact maintenance to let them know what needs to be done. The CMT said he/she believes there is a maintenance book in the office that staff are supposed to write issues in.</p> <p>During an interview on 10/25/24 at 10:25 A.M., RCC AA said Tiger Lane does not have housekeeping services. The RCC said he/she had been told the floors on his/her unit were to get stripped and waxed and they did three floors and stopped. The RCC said housekeepers do not clean rooms between room changes. The RCC said the housekeepers waxed over dirt and other stuff that is now stuck in the wax, like hair and food. The RCC said he/she had two housekeepers for one month and they got pulled for room moves all the time. The RCC said there is an official maintenance log, but he/she does not use it. The RCC said he/she had taken pictures of the stained linoleum in the bathrooms six months ago, when maintenance strips the rooms, they don't do the bathrooms. The RCC said his/her unit has no scheduled staff to clean the floors, housekeepers come down for a few days and then that is about it. The residents are instructed to bag their clothes, tape the bag/label with their name, and put the bags in the bins so staff can take them down to laundry. The RCC said the Hall Monitor is responsible to ensure the residents get their dirty clothes sent to laundry since the washer and dryer on the unit are currently out of order. The RCC said Laundry staff brings clean linens, sheets, towels, pillow cases down to the unit and place the items in the linen closet, and the Hall Monitors are responsible to ensure the residents have clean sheets on the beds, offer clean sheets to residents that need one, change the ones that needs help with it, and give the residents clean sheets to put on the bed. The RCC said the residents should not have to ask for a clean sheet unless they made a mess.</p> <p>During an interview on 10/25/24 at 12:16 P.M., the Housekeeping Supervisor said he/she had noticed the floors are sticky and he/she has been having staff go back and redo them. The Housekeeping Supervisor said he/she wants housekeepers to clean under the bed, above and below sinks, and the window sills. The Housekeeping Supervisor said at 12:00 P.M. he/she tries to review the rooms and send the housekeepers back if they are not clean. The Housekeeping Supervisor said if something needs fixed staff should contact maintenance. The Housekeeping Supervisor said the maintenance log is kept at the nurses desk. The Housekeeping Supervisor said housekeepers should fill out the maintenance log if something needs fixed, so it is documented. The Housekeeping Supervisor said if there is damage to linoleum housekeepers should write it down in the maintenance log.</p> <p>During an interview on 10/25/24 at 12:30 P.M., the Maintenance Director said staff should write concerns in the work order book. If it's an emergency, they can call immediately. The Maintenance Director said staff are using the work order books. The Maintenance Director said the floors in the rooms need to be stripped and waxed. Burns in the linoleum and stands on the floors should be reported so the floor can be replaced.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/25/24 at 12:54 P.M., the Director of Nursing (DON) said he/she had noticed the floors on Tiger lane had dirt and debris stuck to them. The DON said nursing staff should clean, and if it is a deep cleaning issue staff need to notify housekeeping. Housekeeping does not have a log like maintenance, staff need to notify the housekeeper assigned to the unit, or their supervisor. The DON said he/she would expect staff to put maintenance orders in maintenance book, and maintenance walks the building and collects those. The DON said he/she would expect staff to report burns and stains in the linoleum. The DON said he/she doesn't know why staff are not reporting these issues. The DON said the resident rooms should be cleaned prior to room changes. The DON said the CNA or Hall Monitor on duty is responsible to ensure the residents' clothes get placed in the bins and taken to laundry, and then laundry staff returns the clothes when clean.</p> <p>During an interview on 10/25/24 at 1:23 P.M., the administrator said the facility has hot rooms that the staff should clean two to three times a day. The administrator said he/she had staff start waxing the floors a couple of weeks ago and he/she did not like how it was going. The administrator said the linoleum in the bathrooms needs replaced, the brown stains around the toilet had been reported and should be replaced, but no one had reported the burns in the linoleum to him/her. The administrator said he/she expects staff to call the maintenance director if there is an urgent issue, if not immediate, staff should put concern in work order book.</p> <p>During an interview on 10/25/24 at 1:35 P.M., the corporate administrator said the rooms should be deep cleaned prior to room changes and it could be an infection control concern if not completed. The CNAs are responsible to take the residents dirty clothes to the laundry room and laundry staff return the clean clothes. It is unacceptable to have one housekeeper in the building for the weekend, and impossible for that one staff to clean the rooms properly.</p> <p>39440</p> <p>45489</p> <p>50361</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>39644</p> <p>Based on interview and record review, facility staff failed to screen four employees (Dietary Aide S, [NAME] Y, Housekeeper N, and Activity Aide K) out of ten new employees prior to employment to determine if the employees had a federal indicator with the Employee Disqualification List (EDL) and/or the Family Care Safety Registry (FCSR). The facility census was 233.</p> <p>1. Review of the Facility's policy titled Pre-Employment Screening, undated, showed the Human Resources department will conduct pre-employment screens on applicants to determine whether the applicant has committed a disqualifying crime, is an excluded provider of any Federal or State healthcare programs, is eligible to work in the United States, and if applicable, is duly licensed or certified to perform the duties of the position for which they applied. Human Resources will conduct the following screens on potential employees prior to hire:</p> <p>-Criminal History: Using the Request for Criminal Records Check, a criminal background check (CBC) should be done through the Missouri Highway Patrol's Missouri Automated Criminal History Site. If a check is made through the Family Care Safety Registry (FCSR) showing that the applicant is registered and a no findings letter is received and printed, that will satisfy the Missouri CBC requirement and no check needs to be done with the Missouri Highway Patrol.</p> <p>-EDL: The Missouri EDL must be checked for every applicant. If a record is found, the applicant is on the EDL and may not be hired. The results must be printed with the original initialed and dated by the person who conducted the check.</p> <p>2. Review of Dietary Aide S's personnel record showed:</p> <p>-Hire date of 09/25/23;</p> <p>-Documentation showed staff requested the FCSR check on 09/27/23.</p> <p>3. Review of [NAME] Y's personnel record showed:</p> <p>-Hire date of 12/04/23;</p> <p>-Documentation showed staff completed an EDL check and FCSR check on 12/06/23.</p> <p>4. Review of Housekeeper N's personnel record showed:</p> <p>-Hire date of 08/26/24;</p> <p>-Documentation showed staff completed an EDL check on 09/06/24 and requested the FCSR check on 08/28/24.</p> <p>5. Review of Activity Aide K's personnel record showed:</p> <p>-Hire date of 09/03/24;</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Documentation showed staff completed an EDL check and requested the FCSR check on 09/06/24.</p> <p>During an interview on 10/25/24 at 11:50 A.M., Human Resources said he/she is responsible for making sure the EDL and FCSR checks are completed and placed in all new employee files before hire. Human Resources said the facility staff does not complete CBC checks, they request FCSR letters because they include all required checks. He/She said the expectation is the FCSR letter is in the employee record before hire. Two of the staff members were hired before he/she started so he/she does not know why the checks were not done. He/She said the other two staff were hired after he/she started and he/she does not know why the letters were requested after their hire dates.</p> <p>During an interview on 10/25/24 at 1:32 P.M., the administrator said he/she expects all the background screenings to be done before a staff member is hired. He/She said he/she did not know some of the checks were not completed prior to the staffs hire dates.</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>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37131</p> <p>Based on interview and record review, facility staff failed to document they administered three residents (Residents #115, #132 and #219) of 35 sampled residents medications and treatments. The facility census was 233.</p> <p>1. Review of the facility's policy titled Transcription of Orders/Following Physician's Orders, dated 05/18/24, showed the nurse or Certified Medication Technician (CMT) in charge of medication administration must review all of their designated MARs and TARs prior to the end of their shift to ensure that all medications/treatments scheduled to be given on their shift were administered according to the physicians' order and that all necessary interventions were taken in the event of an omission</p> <p>Review of the facility's policy titled Documentation of Wound Treatments, 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 #115's Admission Minimum Data Set (MDS), a federally mandated assessment tool, dated 08/08/24, showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Intact cognition; -Rejection of care not exhibited; -Received scheduled pain medication in last five days; -Pain occasionally interferes with day to day activities; -Diabetic foot ulcer; -Application of dressings to feet. <p>Review of the resident's Physician Order Sheet (POS), dated September 2024, showed physician orders to clean wound on left foot with wound cleanser, place hydrofera blue (line of antibacterial, non-toxic wound care product that helps heal wounds by reducing inflammation) in wound, moisten dressing with normal saline, place foam non-adhesive dressing and cover with tape and change daily. Assess pain every shift.</p> <p>Review of the resident's Treatment Administration Record (TAR), dated September 2024, showed it did not contain documentaion staff provided the resident's wound treatment on 09/01, 09/03, 09/04-09/06, 09/09-09/13, 09/16, 09/17, 09/20, 09/23-09/25 and 09/27/24.</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>Review of the resident's TAR, dated September 2024, showed it did not contain documentation staff assessed the resident's pain every shift on 09/02, 09/03, 09/05, 09/07, 09/08, 09/10, 09/11, 09/12, 09/13, 09/16, 09/23, 09/25 and 09/30/24 on day shift.</p> <p>Review of the resident's POS, dated October 2024, showed clean wound on left foot with wound cleanser, place hydrofera blue in wound, moisten dressing with NS, place foam non-adhesive dressing and cover with tape, change daily, one time a day. Assess pain every shift.</p> <p>Review of the resident's TAR, dated October 2024, showed staff did not document they administered the resident's wound treatment on 10/04, 10/06, 10/07, 10/08, 10/09, 10/10, 10/16 and 10/18/24.</p> <p>Review of the resident's TAR, dated October 2024, showed staff did not document they assessed the resident's pain every shift on 10/05, 10/07-10/10 and 10/14/24 on day shift.</p> <p>During an interview on 10/22/24 at 8:20 A.M., the resident said the wound clinic said he/she is supposed to have the bandage to his/her foot changed daily but facility staff say it should be changed every three to four days. The dressing is usually changed whenever staff get to it.</p> <p>3. Review of Resident #132's Annual MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -Rejection of care one to three days in the seven day look back period; -One venous ulcer; -Application of non-surgical dressings; -Application of ointments; -Occasional incontinence. <p>Review of the resident's POS, dated October 2024, showed staff may use barrier cream after each incontinent episode, cleanse perineal area first, then apply cream, every shift for incontinence; Apply Venelex (ointment used on skin to cover wounds and might relieve pain from the wound) and cover left shin until healed daily at bedtime for wound healing. Apply Venelex and cover left shin until healed, every day, one time a day for wound healing.</p> <p>Review of the resident's TAR, dated October 2024, showed staff did not document they administered the resident's wound treatment on 10/01 on day shift, 10/05 at 6 A.M. and bedtime, 10/06 at 6 A.M. and bedtime, 10/10 at 6 A.M. and bedtime, 10/12 at 6 A.M., 10/14 at bedtime, 10/15 at bedtime, 10/16 at 6 A.M., 10/18 at 6 A.M. and bedtime, 10/19 at bedtime, 10/20 at 6 A.M. and bedtime, 10/22 at bedtime, 10/23 at bedtime, 10/24/24 at bedtime.</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>Review of the resident's TAR, dated October 2024, showed staff did not document they administered barrier cream every shift after incontinence on 10/01, 10/05 on day shift, 10/06 on day and night shift, 10/07 on night shift, 10/10 on day and night shift, 10/12 on day shift, 10/14 on night shift, 10/15 on night shift, 10/16 on day shift, 10/18 on day and night shift, 10/19 on night shift, 10/20 on day shift, 10/22 on night shift, 10/23 on night shift, 10/24/24 on night shift.</p> <p>6. Review of Resident #219's Admission MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Moderate cognitive impairment; -Rejection of care not exhibited; -feeding tube. <p>Review of the resident's POS, dated August 2024, showed a physician order directed to cleanse feeding tube site area and change split sponge nightly and as needed when soiled. Flush feeding tube with 200 cubic centimeters (cc) of water every shift. Change syringe kit daily for feeding tube flushes.</p> <p>Review of the resident's TAR, dated August 2024, showed staff did not document they changed syringe kit daily, or cleanse feeding tube site and change split sponge on, 08/01-08/09, 08/12-08/15, 08/17, 08/18, 08/22, 08/23 and 08/27/24.</p> <p>Review of the resident's TAR, dated August 2024, showed staff did not document they flushed the resident's feeding tube with 200 cc water every shift on 08/01 day and night shift, 08/02 day shift, 08/03 day and night shift, 08/04 day and night shift, 08/05 day and night shift, 08/06 day and night shift, 08/07 day and night shift, 08/08 day shift, 08/09 day and night shift, 08/10 night shift, 08/11/24 night shift, 08/12 day shift, 08/13 day shift, 08/14 day shift, 08/15 day and night shift, 08/16 night shift, 08/17 day and night shift, 08/18 day and night shift, 08/19 night shift, 08/20 night shift, 08/22 day and night shift, 08/23 day shift, 08/24 night shift, 08/25 night shift, 08/26 night shift, 08/27 day shift, 08/28 day and night shift, 08/29 day shift, 08/30 day shift and 08/31/24 day shift.</p> <p>Review of the resident's POS, dated September 2024, showed change syringe kit daily, every day shift for feeding tube flushes. Flush feeding tube with 200 cc of water every shift, every shift. feeding tube site, cleanse area and change split sponge nightly and as needed when soiled.</p> <p>Review of the resident's TAR, dated September 2024, showed staff did not document they changed syringe kit daily, or cleanse feeding tube site and change split sponge on 09/02, 09/06, 09/07, 09/17, 09/20, 09/22, 09/27 and 09/30/24.</p> <p>Review of the resident's TAR, dated September 2024, showed staff did not document they flushed the resident's feeding tube with 200 cc water every shift on, 09/02 day and night shift, 09/04 day and night shift, 09/06 day and night shift, 09/07 day and night shift, 09/08 day shift, 09/09 day shift, 09/10 day shift, 09/11 night shift, 09/14 day shift, 09/15 day shift, 09/16 night shift, 09/17 day and night shift, 09/20 day and night shift, 09/21 day shift, 09/22 day and night shift, 09/23 day shift, 09/25 night shift, 09/27 day and night shift, 09/29 day shift and 09/30/24 day and night shift.</p> <p>(continued on next page)</p>		

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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>Review of the resident's POS, dated October 2024 , showed change syringe kit daily, every day shift for feeding tube flushes. Flush feeding tube with 200 cc of water every shift, every shift. feeding tube site, cleanse area and change split sponge nightly and as needed when soiled.</p> <p>Review of the resident's TAR, dated October 2024, showed staff did not document they changed syringe kit daily, or cleanse feeding tube site and change split sponge on, 10/01, 10/05, 10/06, 10/10, 10/18, 10/20, 10/23 and 10/24/24.</p> <p>Review of the resident's TAR, dated September 2024, showed staff did not document they flushed the resident's feeding tube with 200 cc water every shift on 10/01 day and night shift, 10/05 day and night shift, 10/06 day and night shift, 10/10 day and night shift, 10/12 day shift, 10/14 night shift, 10/15 night shift, 10/16/ day shift, 10/18 day and night shift, 10/19 night shift, 10/20 day and night shift, 10/23 night shift, 10/24 night shift.</p> <p>During an interview on 10/25/24 at 10:25 A.M., Resident Care Coordinator (RCC) AA said staff should let him/her know if there is missing signature on the TAR/MAR. The RCC said missed means It isn't done, and it would be a medication or treatment error. The RCC said he/she would investigate, and if it is an old missing signature, he/she would call the doctor and notify the Director Of Nursing (DON). The RCC said staff had not notified him/her of missing signatures. The RCC said he/she forgot to document the treatments for the resident's as completed or he/she did not work on the days missing signatures.</p> <p>During an interview on 10/25/24 at 12:54 P.M., the DON said if the TAR is missing signatures it could mean staff are not documenting or the treatment is not provided. The DON said holes on the MARs and TARs could be considered a medication error and he/she and the RCC should be notified. The DON said he/she had not been notified the TARs had any missing signatures. The DON said the facility has a dashboard that shows missed medications, but it is tedious to review.</p> <p>During an interview on 10/25/24 at 1:23 P.M., the administrator said the DON completes TAR audits weekly. The administrator said if the DON finds missing signatures he/she is supposed to notify the physician and guardian. The administrator said, If you didn't document it, you didn't do it. The administrator said missing signatures on TARs is a medication error. The administrator said if there is a medication error, staff should notify the physician and the resident's guardian.</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39440</p> <p>Based on interview and record review, facility staff failed to provide an ongoing activity program designed to meet the residents' interest, mental, and psychosocial well-being on the weekends for six residents (Resident #10, #73, #140, #141, #186, and #212) out of 35 sampled residents. The facility staff failed to post an activities calendar with accurate events for residents to view on Tiger Lane. The facility census was 233.</p> <p>1. Review of the facility's policy titled Activity, dated 07/19/23, showed the purpose is to ensure all residents in the facility are provided an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, their interests and their physical, mental and psychosocial well-being. The Life Enhancement Director coordinates section F (Preferences of Customary Routines and Activities) of the comprehensive assessment and ensures the activities are designed to promote and enhance the emotional health, self-esteem, pleasure, comfort, education, creativity, success and independence for all residents based on interview and assessing the resident's likes and dislikes. The activities calendar will be posted on each unit and will include activities that are appropriate for the general therapeutic milieu population that meets the specific needs, cognitive impairments, interests, and supports the quality of life while enhancing self-esteem and dignity. Section F of the Minimum Data Set (MDS) 3.0 comprehensive assessment will be reviewed on all residents to ensure that the facility identifies resident's interests and needs and has a plan for individual 1:1 and self-directed activities.</p> <p>2. Review of the facility's Activity Calendar for Tiger Lane, dated October 2024, showed:</p> <ul style="list-style-type: none"> -Saturday, 10/05/24: 2:00 P.M., Bingo, Word Finds Crosswords; -Sunday, 10/06/24: 9:30 A.M., Church with Sam, Meet and Greets, Activities will help with shopping lists; -Saturday, 10/12/24: 2:00 P.M., Bingo, Word Finds Crosswords; -Sunday, 10/13/24: 9:30 A.M., Church with Sam, Meet and Greets, Activities will help with shopping lists; -Saturday, 10/19/24: 2:00 P.M., Bingo, Word Finds Crosswords; -Sunday, 10/20/24: FATHER'S DAY! 9:30 A.M., Church with Sam, Meet and Greets, Activities will help with shopping lists; -Saturday, 10/26/24: 2:00 P.M., Bingo, Word Finds Crosswords; -Sunday, 10/27/24: Did not contain any scheduled activities. <p>Review of the facility's Activity Calendar for [NAME] Hawk Ave., dated October 2024, showed:</p> <ul style="list-style-type: none"> -Saturday, 10/05/24: 2:00 P.M., Bingo, Word Finds Crosswords; <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Sunday, 10/06/24: 9:30 A.M., Church with Sam, Meet and Greets, Activities will help with shopping lists;</p> <p>-Saturday, 10/12/24: 2:00 P.M., Bingo, Mail delivery, Word Finds Crosswords;</p> <p>-Sunday, 10/13/24: 9:30 A.M., Church with Sam, Meet and Greets, Activities will help with shopping lists;</p> <p>-Saturday, 10/19/24: 2:00 P.M., Bingo, Mail Delivery, Word Finds Crosswords;</p> <p>-Sunday, 10/20/24: FATHER'S DAY! 9:30 A.M., Church with Sam, Meet and Greets, Activities will help with shopping lists;</p> <p>-Saturday, 10/26/24: 2:00 P.M., Bingo, Mail Delivery, Word Finds Crosswords;</p> <p>-Sunday, 10/27/24: 9:30 A.M., Church with Sam, Meet and Greets, Activities will help with shopping lists.</p> <p>During an interview on 10/21/24 at 4:25 P.M., Resident #73 said there is only one activity per weekend. The resident said, You have to find your own thing to do on the weekends, and there is nothing to keep us out of our head.</p> <p>During an interview on 10/22/24 at 9:23 A.M., Resident #141 said the residents on Tiger Lane have nothing to do on the weekends, and it gets really boring. Observation showed at this time showed the resident pointed at the activities calendar posted on the wall in his/her room and said this shows Sunday was Father's Day, was it really? Wait a minute, we're not even in June.</p> <p>During an interview on 10/23/24 at 9:28 A.M., Resident #10 said the only activity staff does with them on the weekends is play Bingo, so he/she quit participating. The resident said he/she just watches television or a movie on the weekends.</p> <p>During an interview on 10/23/24 at 9:58 A.M., Resident #140 said it's boring on the weekends with nothing to really do in terms of activities. The resident said he/she would love to have more time to go hang out, since he/she only gets to go twice a day for 30 minutes, and sometimes staff is late to take him/her so he/she does not always get to go for the allotted 30 minutes.</p> <p>During an interview on 10/24/24 at 2:45 P.M., Resident #186 said there is nothing to do on the weekends, sometimes they play bingo on Saturdays. The resident said on Sundays there is church, but he/she doesn't want to go to church, so he/she does nothing. The resident said there is only one activity a weekend.</p> <p>During an interview on 10/24/24 at 3:54 P.M., Resident #212 said he/she does not get to do much on the weekends other than go outside to smoke a couple times and maybe play bingo. The resident said he/she misses doing stuff outside like gardening and fishing.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/23/24 at 10:38 A.M., Certified Medication Technician (CMT) P said staff only offer one activity on the weekend, which is usually Bingo, and it's not fair to the residents. The CMT said the residents on Tiger Lane get bored and if staff had activities for the residents to do, some of them wouldn't get into it with each other so much. The CMT said some of the residents would participate in other activities if they were offered.</p> <p>During an interview on 10/24/24 at 2:58 P.M., Certified Nurse Aide (CNA) Z said there are activities once in a while on Saturdays, but not always. There is usually church on Sundays. CNA Z said he/she works different halls all over the building, and he/she tries to setup movies or color with the residents on the weekends, but there isn't always time for that. Residents have to find things to occupy their time when there is no activity provided.</p> <p>During an interview on 10/24/24 at 4:00 P.M., CMT Q said staff mainly just provide Bingo as an activity on the weekends. The CMT said if other activities were offered to the residents, depending on the activity and the residents' likes/interests, some of them would participate. The CMT said if the residents had other activities to do on the weekends particularly in the evenings, it would keep some of them busy and they might stay out of trouble.</p> <p>During an interview on 10/24/24 at 4:14 P.M., Nursing Assistant (NA) X said he/she works every other weekend and takes the residents outside for designated smoke breaks. The NA said the only weekend activity he/she has seen staff do with the residents on the 400/500 Hall is bingo, but it would be nice if they could implement some more things for the residents to do on the weekends. The NA said most of the residents are young, and would take part in other activities if offered.</p> <p>During an interview on 10/25/24 at 8:35 A.M., activity assistant T said the activities staff rotate weekends so it leaves one staff member to provide all weekend activities for every resident. The activity assistant said at a minimum they offer bingo on the weekends, and each unit usually gets to play on either Saturday or Sunday. The activity assistant said he/she worked two weekends ago and he/she ran out of time on Saturday to play Bingo with the residents on the 400/500 Hall, so they played on Sunday. The activity assistant said he/she has not been able to do any 1:1 activity with any of the residents on the 400/500 Hall since he/she started working at the facility.</p> <p>During an interview on 10/25/24 at 10:35 A.M., the Activities Director (AD) said the activities calendar should be the same for all the units, but activities staff rotate the specific activities among the units on the weekends because there is only one activity staff at the facility on the weekends. The AD said the Father's Day activity listed on 10/20/24 should not be there and he/she just overlooked the accuracy because he/she was more focused on getting a calendar posted in the rooms timely. The AD said the October calendar for Tiger Lane is not accurate with the events listed, they are the wrong month and season. The AD said it is challenging to do more activities with the residents on the weekends with only one activity staff. The AD said it is difficult to arrange some activities without adequate help from staff to keep some female and male residents separate, but with more help, staff could do more activities with all the residents in the building.</p> <p>During an interview on 10/25/24 at 10:40 A.M., Resident Care Coordinator (RCC) AA said there is not much in terms of activities for the residents on 400/500 Hall on the weekends, so they get bored and then physically look for something to do.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/25/24 at 12:54 P.M., the Director of Nursing (DON) said the residents should have scheduled weekend activities led by either activity staff or facility/floor staff, and there is one activity staff at the facility on the weekends. The DON said hang out is open on weekends for the residents, and the hall monitor or any other staff that is free can take the residents to hang out. The DON Said he/she expects the posted activity calendar to be accurate, and recognizing Father's Day is not an appropriate event for October, because a resident with a history of trauma could expect an activity that wasn't done or not appropriate for the month/season.</p> <p>During an interview on 10/25/24 at 1:35 P.M., the Corporate Administrator said there should be staff led activities offered to the residents on the weekends, and staff should follow the posted activity calendar if it is up to date. He/She said if staff attempted to do a Father's Day activity during October, it could make a resident think they missed an important day/event and potentially alter their mood.</p> <p>39644</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>33477</p> <p>Based on observation, interview and record review, the facility staff failed to ensure prepared food items were served at a safe and appetizing temperature when the facility staff failed to maintain the internal temperatures of hot food items at 120 degrees Fahrenheit (dF) or higher upon service to residents who resided on the 400 and 500 halls. The facility census was 233.</p> <p>1. Review of the facility's Dietary Food Preparation policy, revised on 07/05/23, showed the policy directed staff to check the internal temperature of food items before service and the acceptable serving temperatures for hot foods were greater than 135 dF but preferably 160 dF to 170 dF. Review showed the policy directed staff to reheat food products to the proper temperature if temperatures do not meet acceptable serving temperatures.</p> <p>2. Observation on 10/21/24 from 12:17 P.M. to 12:51 P.M., showed Dietary Aide (DA) EE prepared meal trays for the 400 Medical Hall. Observation showed the DA placed hot food from the steamtable on to room temperature plates, put the plates on a plastic service tray, covered the plates with metal plate covers which had open holes in the tops, and then placed the trays on an open wheeled bakery rack cart. Observation showed staff delivered the cart to the 400 Medical Hall and Certified Nursing Assistant (CNA) W and Certified Medication Technician (CMT) R served the trays.</p> <p>During an interview on 10/21/24 at 12:38 P.M., CNA W said he/she believed the temperature of hot foods should be at least 72 dF at the time of service.</p> <p>During an interview on 10/21/24 at 12:38 P.M., CMT R said he/she guessed staff take the temperatures of the food in the kitchen and he/she did not know what the temperature of the food should be at the time of service to the residents.</p> <p>Observation on 10/21/24 at 12:51 P.M. showed the dietary manager (DM) took the temperature of food from a tray still on the 400 Medical Hall cart. Observation showed the internal temperature of the chicken paprikash with pasta measured 109.4 dF and the internal temperature of the squash measured 95.7 dF. Observation showed the DM returned the tray of food to the cart after he/she checked the food temperatures.</p> <p>During an interview on 10/21/24 at 12:51 P.M., the DM said the temperature of hot foods served to the residents should be 135 dF. The DM said the metal plate covers with holes are used for the 400 and 500 halls, while the plate covers without holes are used for the rest of the facility. The DM said the metal covers with holes are used on the on 400 and 500 halls, because they do not have room to store the plate covers without holes in the kitchen for the 400 and 500 halls.</p> <p>Observation on 10/21/24 at 12:55 P.M., showed CMT R continued to serve meal trays to residents from the 400 Medical Hall, after the DM took the temperatures from the tray on the meal cart.</p> <p>During an interview on 10/22/24 at 3:20 P.M., Resident #137 said his/her food is cold a lot.</p> <p>During an interview on 10/22/24 at 3:42 P.M., Resident #35 said his/her food is not always hot.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Observation on 10/24/24 at 7:30 A.M., showed uncovered pans of oatmeal, sausage gravy and biscuits in the steamtable in the kitchen for the 400 and 500 halls. Observation showed cold air from the vent above the steamtable blew down on the food and staff were not actively serving the food held in the steamtable. Observation showed the internal temperature of the oatmeal measured 153 dF and the internal temperature of the gravy measured 175 dF at this time.</p> <p>Observation on 10/24/24 from 8:00 to 8:15 A.M., DA EE prepared breakfast trays for the residents who resided on the 400 Medical Hall with the food from the steamtable. Observation showed the DA placed the food on room temperature plates, placed the plates on plastic service trays, covered the plates with plate covers which had open holes in the top, and placed the trays on an open wheeled bakery rack cart.</p> <p>Observation on 10/24/24 at 8:15 A.M., showed staff delivered the cart of 18 breakfast trays to the 400 Medical Hall and two staff began to deliver the trays to the residents at 8:17 A.M.</p> <p>Observation on 10/24/24 at 8:26 A.M., showed 10 trays remained on the cart to be served to the residents. Observation showed the internal temperature of the biscuits and gravy on Resident #164's breakfast tray measured 109 dF and the internal temperature of the biscuits and gravy on Resident 102's breakfast tray measured 104 dF.</p> <p>Observation on 10/24/24 at 8:35 A.M., showed staff served Resident #164 his/her breakfast tray. Observation also showed the internal temperature of the biscuits and gravy on Resident #132's breakfast tray, still on the cart, measured 100 dF.</p> <p>During an interview on 10/24/24 at 8:42 A.M., Resident #164 said his/her food was not hot.</p> <p>Observation on 10/24/24 at 8:40 A.M., showed staff served Resident #132 his/her breakfast tray.</p> <p>During an interview on 10/24/24 at 8:42 A.M., Resident #132 said his/her food was not hot.</p> <p>Observation on 10/24/24 from 8:55 A.M. to 9:00 A.M., showed the internal temperature of the oatmeal held in the steamtable in the 400/500 hall kitchen measured 125 dF. Observation showed staff served the oatmeal to Resident #80.</p> <p>During an interview on 10/24/24 at 9:40 A.M., the DM said the temperature of hot foods should be at least 165 dF while in the steamtable and at least 135 dF when served to the residents. The DM said, to ensure foods remain hot, staff should check the temperatures of the foods before service, not leave foods uncovered on the steamtable when they are not being served, and cover the plates delivered on carts with metal plate covers. The DM said dietary staff are trained on these practices. The DM said the plates covers with the holes in them do not keep heat in well and they have had issues with cold food at meals for the unit because usually only one person passes the trays delivered on the cart. The DM said he/she does not routinely check the temperatures of foods served on carts in the unit and he/she had not discussed the purchase of different plate covers with the administrator.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/24/24 at 1:12 P.M., the administrator said the temperature of hot food should be at least 140 dF while in the steamtable and staff should not leave food uncovered on the steamtable unless they are actively serving the food. The administrator said the temperature of hot foods should be at least 120 dF upon service to the residents and staff should use hot plates and plate covers without holes to ensure the food stays hot when food is placed on carts for delivery to the residents. The administrator said they did not have plate covers without holes on the unit because no one ordered them and no one told him/her that they needed them. The administrator said DM is responsible to monitor the temperatures of foods and he/she should check the food temperatures on the last tray that goes out for each meal. The administrator said he/she did not know about any issues with the temperature of hot foods when served to residents.</p> <p>MO00244085</p> <p>MO00244087</p> <p>37131</p> <p>45489</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>33477</p> <p>Based on observation, interview and record review, the facility staff failed to allow sanitized dishes to air dry prior to stacking in storage to prevent the growth of bacteria and food contamination. Facility staff failed to maintain kitchen equipment and surfaces in two of two kitchens and one kitchenette in a clean sanitary manner to prevent cross-contamination and the growth of food-borne pathogens. The facility census was 233.</p> <p>1. Review of the facility's Dietary-Equipment Operations, Infection Control, and Sanitation policy, revised on 02/02/24, showed the policy directed staff to air dry dishes by racking or putting on single trays lined with mesh after they are washed and sanitized.</p> <p>Observation on 10/21/24 at 10:31 A.M., showed 14 metal food service pans stacked together wet in the kitchen. Observation showed eight of the 14 wet stacked pans contained food debris inside them.</p> <p>Observation on 10/24/24 at 7:50 A.M., showed multiple plates stacked together wet upside down on a storage cart and 20 metal plate covers stacked together wet upside down on top of the toaster in the kitchen for the 400 and 500 halls.</p> <p>Observation on 10/24/24 at 8:00 A.M., showed Dietary Aide (DA) EE obtained a stack of the wet plates from the cart and placed them right side up on the steamtable. Observation showed the DA used the wet plates and plate covers to serve food to the residents on the 400 and 500 halls.</p> <p>During an interview on 10/24/24 at 8:10 A.M., DA EE said the plates and plate covers would have been washed in the kitchen by the evening staff the prior day and dishes should be dry before they are put away because it breeds bacteria when they are stacked wet. The DA said he/she did notice the plates covers were wet, but he/she did not notice that the plates were wet.</p> <p>Observation on 10/24/24 at 8:10 A.M., showed DA EE continued to use the wet plates and plate covers to serve food to the residents on the 400 and 500 halls.</p> <p>During an interview on 10/24/24 at 9:40 A.M., the dietary manager (DM) said dishes should be air dried before they are put away and staff are trained on this requirement. The DM said wet stacked dishes breeds bacteria and staff should use wet stacked dishes for food service.</p> <p>During an interview on 10/24/24 at 1:12 P.M., the administrator said dishes should be air dried after they before they are put away after they are washed and staff are trained on this requirement. The administrator said staff should not use wet stacked dishes for food service because it could contaminate the food with bacteria.</p> <p>2. Review of the facility's Dietary-Equipment Operations, Infection Control, and Sanitation policy, revised on 02/02/24, showed:</p> <p>-The dietary staff shall maintain the sanitation of the dietary department through compliance with written, comprehensive cleaning schedules developed for the facility by the dietary manager;</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-The dietary manager shall record all cleaning and sanitation tasks for the dietary department;</p> <p>-A cleaning schedule shall be posted with tasks designated to specific positions in the department;</p> <p>-All tasks shall be addressed as to the frequency of cleaning;</p> <p>-The dietary employees should complete the tasks assigned for the day and shift and they should check off tasks as they are completed. If the employee does not accomplish a task, they need to communicate with the dietary manager and place the task on the list for the following day;</p> <p>-All food waste must be placed in covered garbage and trash cans and the garbage and trash cans are to be thoroughly inspected and cleaned, if needed, at least daily;</p> <p>-The policy directed staff to clean and sanitize:</p> <p>*the insides of tray, dish and utility carts after each meal;</p> <p>*the exterior of the dishwasher after each meal and clean the interior and exterior of the machine with de-liming solution weekly;</p> <p>*the exterior of the ice machine daily;</p> <p>*the steamtables after each meal. Review showed the policy directed staff to remove food from the wells when they clean the steamtables;</p> <p>*the floors daily. Review showed the policy directed staff to dust mop or sweep and mop the floors when they clean them;</p> <p>*walls and ceilings at least twice a year, but heavily soiled surfaces must be cleaned more frequently and as required</p> <p>*equipment daily.</p> <p>Observations on 10/21/24 from 10:36 A.M. to 10:42 A.M., showed the main kitchen contained:</p> <p>-A built-up substance on the sides of the wells of the steamtable and food debris floated in the water;</p> <p>-A build-up of dried food debris on the floor under the steamtable in the kitchen.</p> <p>-A build-up of dried food debris on the floor and wall under the three compartment sink, used to clean pots and pans.</p> <p>Observations on 10/21/24 from 10:54 A.M. to 10:58 A.M., showed the main dining room kitchenette contained:</p> <p>-An excessive accumulation of an unidentifiable red substance throughout all of the water lines of the ice machine;</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Food debris and an unidentifiable white substance floated around in the water inside the steamtable wells;</p> <p>-Dried food debris splattered on the lids used to cover the steamtable wells;</p> <p>-An accumulation of trash, food debris and used gloves on the floor between the steamtable and the wall.</p> <p>Observation on 10/21/24 at 12:06 P.M., showed uncovered food items in the steamtable of the kitchen for the 400 and 500 halls. Observation showed air from a vent covered with lint and dirt blew over the food.</p> <p>Observation on 10/21/24 at 12:12 P.M., showed an excessive accumulation of an unidentifiable black substance along the base trim and under the sink in the kitchen for the 400 and 500 halls. Observation showed multiple areas with an accumulation of an unidentifiable black speckled substance above the three compartment sink where the drywall met the protective guard. Observation showed the paper towel dispenser above the hand washing sink with a thick, brown, unidentifiable substance built up on it.</p> <p>Observations on 10/23/24 from 9:08 A.M. to 09:30 A.M., showed the main kitchen did not contain a visible cleaning schedule. Observations also showed the kitchen contained:</p> <p>-An excessive accumulation of lime and calcium deposits on the counters, on the exterior of the dishwasher and under the dishwasher;</p> <p>-An accumulation of food debris on the bottom shelf of the pan storage rack in the service station;</p> <p>-An accumulation of grease and dust on the nozzles to the rangehood suppression system;</p> <p>-An excessive accumulation of dirt and food debris under the three compartment sink.</p> <p>Observation on 10/24/24 at 7:30 A.M., showed uncovered pans of oatmeal, sausage gravy and biscuits in the steamtable in the kitchen for the 400 and 500 halls. Observation showed air from a vent covered with lint and dirt blew over the food. Observation showed an accumulation of dirt on the ceiling and the vent adjacent the reach-in refrigerator. Observation showed the the kitchen did not contain a visible cleaning schedule.</p> <p>Observation on 10/24/24 at 7:50 A.M., showed the kitchen for the 400 and 500 halls contained a waste container which contained food and paper waste uncovered under the counter with a hole in it for trash disposal. Observation showed open pitchers of juices for service at the breakfast meal on the counter around the open hole with waste coming out of the hole. Observation showed the exterior of the waste container with an accumulation of dried food debris and the area unattended by staff. Observation also showed an excessive accumulation of brown stains, dirt and food debris on floors beneath the equipment and on the plate storage cart.</p> <p>Observation on 10/24/24 at 8:00 A.M., showed DA EE used the plates from the soiled plate storage cart to serve food from the steamtable to the residents on the 400 and 500 halls.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Four Seasons Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 Highway Tt Sedalia, MO 65301	
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 10/24/24 8:10 A.M., DA EE said the kitchen had a cleaning list in place when he/she left the facility in April 2024, but when he/she returned in August 2024 staff were not using the cleaning list anymore. The DA said the staff should wipe down the counters, clean the grill, wash the dishes, sweep and spot mop the floor each shift. The DA said he/she does not move the equipment around to sweep or mop unless he/she knows that he/she dropped something underneath the equipment. The DA said he/she had never covered the waste container under the counter and did not know who was responsible to clean the walls, floors, ceilings and the steamtable in the kitchen.</p> <p>During an interview on 10/24/24 at 9:40 A.M., the DM said he/she is ultimately responsible to ensure the kitchens and kitchenette are clean sanitary. The DM said maintenance staff would be responsible to clean air vents and the ceilings, while the dietary staff have cleaning schedules that should be followed for everything else and they are trained on the cleaning schedules. The DM said the staff who work in the kitchen for the 400 and 500 halls are to pick up the cleaning schedule from his/her office daily and take it to their kitchen. The DM said he/she does not have a routine schedule to check the sanitation of that kitchen and he/she did not know staff were not aware of the cleaning schedule. The DM said floors should be swept and moped after each shift and staff should move equipment to clean beneath it when they do so. The DM also said he/she did not think they could use a de-liming chemical on the outside of the dishwasher and he/she did not know what to do to get rid of the lime and calcium deposit build-up.</p> <p>During an interview on 10/24/24 at 1:12 P.M., the administrator said the dietary staff are responsible for the cleanliness of the kitchens and kitchenette and the facility has cleaning schedules that should be used. The administrator said the staff should be trained on the use of the cleaning schedules and the DM should do routine inspections of the areas to ensure they are clean and sanitary. The administrator said dietary staff should notify maintenance staff if vents and ceilings need cleaned. The administrator staff should de-lime the dishwasher inside and out daily at the end of the day, he/she had not looked at the dishwasher recently and he/she did not know staff were not de-liming the outside of the dishwasher. The administrator said staff should clean the steamtables inside and out nightly and as needed. The administrator said the floors should be cleaned after each meal and as needed and staff should move equipment to clean behind and beneath it. The administrator said the ice machine in the kitchenette is to be deep cleaned by their contracted vendor quarterly and he/she thought they had just serviced the ice machine so he/she did not know why the tubing was red and soiled. The administrator said he/she did not know about the issues in the kitchens and kitchenette or that all dietary staff did not know about the cleaning schedules.</p> <p>37131</p>		