

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265238	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/07/2024
NAME OF PROVIDER OR SUPPLIER  Milan Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  52435 Infirmary Road Milan, MO 63556	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47246</b></p> <p>Based on interview and record review, the facility failed to protect two residents' (Resident #1 and #2's) of six sampled residents, right to be free from sexual abuse. The facility had not assessed either resident for capacity to consent to sexual contact when staff observed the residents touching, kissing and fondling each other. Resident #2 had a history of hypersexual behavior, was under guardianship and cognitively impaired. Resident #1 was under guardianship and had severely impaired cognition. On 4/28/24, staff found the residents without clothing and in bed together with physical indications the residents had been sexually intimate. The facility census was 89.</p> <p>Review of the facility policy and procedure, Sexual Activity/Abuse and Neglect, dated (origination) 4/6/2017, and last reviewed/revised 4/18/22, showed the following:</p> <ul style="list-style-type: none"> <li>-The purpose of this policy is to ensure that the facility provides protective oversight and care for all residents requesting to engage in sexual activity/intercourse while at the same time protecting their rights;</li> <li>-Residents that are wishing to engage in sexual activity/intercourse will be allowed to participate in these activities as long as both parties consent and have the ability to consent;</li> <li>-Determination of ability to consent: <ul style="list-style-type: none"> <li>-a. If the resident has a guardian or a physical and/or cognitive impairment, an assessment should be completed to determine the resident's ability to consent. This assessment will be completed by the Interdisciplinary Care Team (ICT), with the assistance of the resident's physician and/or psychiatrist as needed. The assessment shall include the following: <ul style="list-style-type: none"> <li>-i. Awareness of the relationship including awareness of who is initiating the relationship, identify of the other person, and comfort level with sexual intimacy;</li> <li>-ii. Ability to avoid exploitation including the resident's values and ability to refuse unwanted advances;</li> <li>-iii. Awareness of potential risk associated with the relationship, including sexually transmitted diseases or pregnancy, if applicable, or reaction if the relationship ends;</li> </ul> </li> </ul> </li> </ul> <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265238	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/07/2024
NAME OF PROVIDER OR SUPPLIER  Milan Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  52435 Infirmiry Road Milan, MO 63556	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The resident's guardian (if applicable) will be invited to provide their guidance/opinion to the ICT. Family members may be involved in the assessment as appropriate;</p> <p>-b. All documentation regarding the resident's ability to consent shall be maintained in the resident's medical file, and if appropriate, in the resident's care plan;</p> <p>- If a resident has been deemed to be unable to consent to sexual activity, the resident will be told that they are not permitted to engage in sexual activity;</p> <p>-If non-consensual sexual activity occurs, the abuse and neglect policy will be followed.</p> <p>1. Review of Resident #1's face sheet showed the following:</p> <p>-He/She was admitted on [DATE];</p> <p>-He/She had a durable power of attorney (DPOA)/legal guardian;</p> <p>-Medical diagnoses included unspecified dementia (a term used to describe a group of symptoms affecting memory, thinking and social abilities), unspecified severity, with agitation and vascular dementia (changes in memory, thinking and behavior resulting from conditions that affect the blood vessels in the brain, such as strokes).</p> <p>Review of the resident's admission history and physical, dated 05/04/23, showed the following:</p> <p>-The resident had a history of wandering;</p> <p>-The resident had a history of incarceration related to sexual behaviors.</p> <p>Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument required to be completed by facility staff, dated 02/08/24, showed staff assessed the resident as:</p> <p>-Cognition is severely impaired; resident is rarely/never understood;</p> <p>-Had behavioral symptoms not directed towards others that occurred one to three days during the look-back period;</p> <p>-No rejection of cares;</p> <p>-Independent with transfers and mobility.</p> <p>Review of the resident's nursing progress notes showed staff documented the following:</p> <p>-On 4/27/24 at 10:01 P.M., staff observed the resident wandering into other residents' rooms, resident redirected easily;</p> <p>-On 4/28/24 at 2:29 P.M., staff saw the resident multiple times with Resident #2 going into other residents' rooms, resident continues to be inappropriate with Resident #2, redirected as ordered;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265238	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/07/2024
NAME OF PROVIDER OR SUPPLIER  Milan Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  52435 Infirmary Road Milan, MO 63556	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-On 4/28/24 at 3:03 P.M., staff observed the resident and Resident #2 walking throughout the halls today and looking in other rooms, resident asked to allow privacy of others and redirected without concern;</p> <p>-On 4/28/24 at 8:30 P.M., staff found the resident with Resident #2, a resident of the opposite sex, in his/her bed naked and on top of each other. After separation, the residents were assessed. Guardian notified, assistant director of nurses (ADON) notified;</p> <p>-On 4/28/24 at 10:52 P.M., the resident's nurse practitioner (NP) was notified of the incident, initiation of 15-minutes checks completed, capacity to consent completed with resident and discussed with DPOA (following the incident).</p> <p>Review of the resident's care plan, revised 04/29/24, showed the following:</p> <p>-The resident grasped staff inappropriately while staff was assisting with a shower;</p> <p>-Staff of the same sex to shower the resident if he/she becomes sexually inappropriate;</p> <p>-Provide protective oversight and assist where needed;</p> <p>-The resident is an elopement risk/wanderer related to disoriented to place, history of attempts to leave facility unattended, impaired safety awareness, significantly intrudes on the privacy or activities of others. The resident wanders into other peer's rooms;</p> <p>-Identify pattern of wandering, is the wandering purposeful, aimless, or escapist? Is the resident looking for something;</p> <p>-Monitor location every 30 minutes;</p> <p>-The resident has participated in consensual activities per his/her report with a resident of the opposite sex related to his/her request to engage, and delusional belief that the resident was his/her spouse;</p> <p>-Interventions:</p> <p>-4/28/24: 15-minute face checks scheduled in electronic medical record;</p> <p>-4/28/24: Completion of capacity to consent to sexual activity;</p> <p>-Psych consult for medication adjustments as needed/ordered;</p> <p>-5/1/24-Acute psych visit with medication change and diagnosis of vascular dementia moderate with mood disturbance;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265238	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/07/2024
NAME OF PROVIDER OR SUPPLIER  Milan Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  52435 Infirmary Road Milan, MO 63556	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-New order, Rexulti (an antipsychotic medication used to treat major depressive disorder), schizophrenia (a mental disorder characterized by disruption in thought processes, perceptions, emotional responsiveness and social interactions) and agitation associated with dementia due to Alzheimer's disease-a progressive disease that destroys memory and other important mental functions) related to sexual behavior symptoms secondary to dementia.</p> <p>During an interview on 05/07/24 at 10:00 A.M., the resident's legal guardian said the following:</p> <p>-Resident #1 had had a stroke in the past that affected his/her ability to speak and think;</p> <p>-He/She was notified by facility staff that Resident #1 and Resident #2 had been found in Resident #1's bed naked together.</p> <p>2. Review of Resident #2's preadmission screening and resident review (PASARR), a federally mandated screening process for individuals with serious mental illness, dated 11/17/23, showed per previous evaluation, historical symptoms have included periods of mania (abnormally elevated, extreme changes in mood, emotions, energy or activity level), decreased sleep, loud, intrusive behaviors, disrobing, risk-taking behaviors, paranoia, hallucinations and delusions.</p> <p>Review of the resident's face sheet showed the following:</p> <p>-He/She was admitted on [DATE];</p> <p>-He/She had a legal guardian;</p> <p>-Medical diagnoses included bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs), vascular dementia and high-risk heterosexual behavior.</p> <p>Review of the resident's psychiatric telemedicine visit, dated 12/05/23, showed the following:</p> <p>-The resident had been delusional believing he/she and a member of the opposite sex were in love with each other and had sexual intercourse and they were going to fight in Armageddon together;</p> <p>-Had run down the hall naked on several occasions.</p> <p>Review of the resident's hospital history and physical, dated 12/11/23, showed the following:</p> <p>-The resident's legal guardian said the resident had struggled in the past with his/her mental health;</p> <p>-He/She goes through spells when he/she is off and he/she gets hypersexual, stops taking care of himself/herself.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <p>-Cognition moderately impaired;</p> <p>-Independent with transfers and mobility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265238	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/07/2024
NAME OF PROVIDER OR SUPPLIER  Milan Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  52435 Infirmary Road Milan, MO 63556	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's nursing progress notes showed staff documented the following:</p> <ul style="list-style-type: none"> <li>-On 04/25/24 at 9:38 A.M., communication with the guardian by Social Services Director (SSD): SSD called guardian's office today to discuss Resident #2's attention seeking behaviors (sitting close to Resident #1 and holding hands); guardian and deputy guardian are going to collaborate next week and get back with (the SSD) about solutions to this;</li> <li>-On 4/27/24 at 12:12 P.M. spoke with resident with Certified Medication Technician (CMT) and activity aide present. Spoke with resident at length regarding his/her opposite-sex attention seeking behavior with Resident #1, who has limitations with his/her guardian, (no capacity to consent to sexual activity evaluation completed at that time). Resident verbalized understanding of limitations and requested a meeting with guardians and administration regarding limitations. Resident verbalized he/she would keep to him/herself until meeting could be organized.</li> </ul> <p>Review of the resident's care plan, dated 4/29/24, showed the following:</p> <ul style="list-style-type: none"> <li>-Problem: the resident has participated in consensual activities per his/her report with Resident #1, a resident of the opposite sex, related to high-risk heterosexual diagnosis;</li> <li>-Interventions: 4/28/24 completion of capacity to consent to sexual activity and psychosocial post incident assessment;</li> <li>-4/28/24, 15-minute face checks scheduled in electronic medical record (EMR);</li> <li>-Intervene as necessary to protect the rights and safety of others.</li> </ul> <p>Review of Resident #2's nursing progress notes, dated 04/30/24 at 11:31 A.M., showed the DON documented the following:</p> <ul style="list-style-type: none"> <li>-Communication email sent to guardian requesting thoughts and insight on 15-minute face checks, inpatient psych evaluation, facility implemented interventions. Return call from legal guardian. Presented this nurse with history of residing at other facilities and hypersexual behavior. Resident would disrobe, wander halls undressed, attempted to leave with residents of the opposite sex who he/she thought he/she was in love with, promiscuous and provocative behavior.</li> </ul> <p>During an interview on 05/07/24 at 1:12 P.M., Resident #2's deputy legal guardian said the following:</p> <ul style="list-style-type: none"> <li>-Resident #2 had a history of trying to hook up with a member of the opposite sex at previous facilities;</li> <li>-The facility sent a capacity to consent to sexual activity after Residents #1 and #2 were found in bed together naked, but the Public Administrator declined on behalf of Resident #2.</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265238	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/07/2024
NAME OF PROVIDER OR SUPPLIER  Milan Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  52435 Infirmary Road Milan, MO 63556	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of an electronic mail (email) correspondence on 4/29/24 at 5:21 P.M., in response to the Facility DON's request for the capacity to consent to sexual activity form, Resident #2's legal guardian declined to sign the document at this time and said she believed that Resident #2 did not have the capacity to understand and/or consent currently as he/she is currently being treated for a urinary tract infection (UTI, an infection of the bladder). Hypersexuality had been a part of his/her mental illness for many years and typically manifested when his/her mental health declined.</p> <p>3. During an interview on 05/21/24 at 9:15 A.M., LPN C said the following:</p> <ul style="list-style-type: none"> <li>-Resident #1 and Resident #2 just started to seek each other out about three to four days before they were found naked in bed together on the evening of 4/28/24;</li> <li>-On 4/28/24 in the afternoon, in about one hour's time, he/she pulled the residents' out of empty rooms at least three times;</li> <li>-On 04/28/24 at 2:29 P.M., he/she saw both residents come out of an empty resident room and both residents had red faces, and Resident #2's clothing was disheveled;</li> <li>-He/She did not ask the residents at that time what, if anything, had occurred;</li> <li>-He/She saw Resident #1 put his/her hand inside Resident #2's clothing on several occasions;</li> <li>-Administration was aware of these behaviors, staff were told through the grapevine (to mean staff had talked amongst themselves) to keep an eye on both residents and separate them or redirect them when/as needed.</li> </ul> <p>During an interview on 05/21/24 at 9:38 A.M., LPN D said the following:</p> <ul style="list-style-type: none"> <li>-Resident #1 and Resident #2 just started to seek each other out randomly about one week prior to the incident on the evening of 4/28/24;</li> <li>-The residents would walk hand in hand down the hall and would kiss in plain sight;</li> <li>-Their behaviors seemed innocent enough and did not seem like any type of abuse;</li> <li>-He/She saw Resident #1 put his/her hands inside Resident #2's clothing several times;</li> <li>-Resident #2 started wearing (looser) clothing to allow Resident #1 easier access, staff tried to redirect Resident #2 to wear more restrictive clothing, but he/she would refuse;</li> <li>-Even though staff would redirect the residents, they would ultimately get back together;</li> <li>-Resident #1 could be redirected easily enough, Resident #2 would ask why he/she could not be with Resident #1 and would try to seek Resident #1 out if they were separated;</li> <li>-Administration was aware of the behaviors because that's who told the staff to keep an eye on the residents and redirect/separate them when needed;</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265238	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/07/2024
NAME OF PROVIDER OR SUPPLIER  Milan Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  52435 Infirmiry Road Milan, MO 63556	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She found out about the incident where the two residents were found naked in bed together from the night charge nurse's report sheet when he/she came to work the next morning;</p> <p>-15-minute face checks of Resident #1 and #2 were started after they were found naked in bed together on the evening of 4/28/24.</p> <p>During an interview on 05/07/24 at 5:05 P.M., the SSD said the following:</p> <p>-She and some of the staff saw Resident #1 and Resident #2 holding hands and sitting close to each other prior to the staff finding both residents naked in bed together;</p> <p>-She called the resident's legal guardian on the morning of 4/25/24 to discuss the resident's attention seeking behaviors towards the opposite sex and was told that the legal guardian was out of the office and the deputy (legal guardian) would discuss it with him/her and call the facility back the following week;</p> <p>-She did not notify Resident #1's legal guardian about his/her behaviors at that time;</p> <p>-The DON reached out to Resident #1 and Resident #2's legal guardians about the capacity to consent to sexual activity following the incident on the evening of 4/28/24.</p> <p>During an interview on 05/07/24 at 5:05 P.M. the DON said the following:</p> <p>-Resident #2 started having some affectionate behavior towards Resident #1 on 04/22/24, not hypersexual, just hand holding at times and sitting on the couch together;</p> <p>-Facility staff told her the behavior of both Resident #1 and #2 seemed to escalate, they would look for empty rooms, but no specific interventions were put in place for this at that time;</p> <p>-She was aware that Resident #1 had a history of being a sex offender, but there had been no further information regarding that history when he/she was admitted to the facility;</p> <p>-She was not aware that Resident #2 had a history of hypersexual behavior until after Resident #1 and Resident #2 were found naked in bed together on the evening of 4/28/24;</p> <p>-She came into the facility to investigate the report of the residents being naked in bed together on the evening of 4/28/24 and interviewed both residents involved;</p> <p>-She instructed LPN A to tell the oncoming shift then to continue every 15-minute checks on both residents and document those, as well as to continue to keep the residents separated;</p> <p>-She emailed the legal guardian of Resident #2 on 4/29/24 at 10:57 A.M. to obtain a capacity to consent to sexual activity document, and that's when she learned of Resident #2's past hypersexual behavior;</p> <p>-Resident #2's legal guardian declined to agree to the capacity to consent to sexual activity on 4/29/24;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265238	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/07/2024
NAME OF PROVIDER OR SUPPLIER  Milan Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  52435 Infirmary Road Milan, MO 63556	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Resident #1's legal guardian signed and approved his/her capacity to consent to sexual activity on 4/28/24 after the incident occurred.</p> <p>MO235367</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265238	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/07/2024
NAME OF PROVIDER OR SUPPLIER  Milan Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  52435 Infirmary Road Milan, MO 63556	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47246</b></p> <p>ar reviewing</p> <p>Based on interview and record review, the facility failed to complete a thorough investigation of an allegation of sexual abuse between two residents (Resident #1 and #2) of six sampled residents. The facility's investigation did not include interviews with other residents following the incident to assess if they felt safe or had been subjected to or witnessed abuse, and did not interview all staff present at the time of the alleged incident of abuse. The facility census was 89.</p> <p>Review of the facility Abuse and Neglect policy, dated (origination) 11/28/2016 and last reviewed/revised 04/30/2024, showed the following:</p> <ul style="list-style-type: none"> <li>-Purpose: To outline procedures for reporting and investigating complaints of sexual abuse, and misuse of funds/property, and to define terms of types of abuse/neglect and misappropriation of funds and property. To ensure immediate reporting of all abuse allegations to the Administrator or designees and the Director of Nursing or designee and outside persons or agencies. To establish actions related to the alleged perpetrator and to ensure investigation and assessment of all residents involved is completed;</li> <li>-Sexual abuse: sexual abuse is non-consensual contact of any type with a resident. Sexual abuse includes, but is not limited to, the following: <ul style="list-style-type: none"> <li>-Unwanted intimate touching of any kind especially of breasts or perineal area (the area of the body between the anus (rectal opening) and the external genitalia-the male or female reproductive organs);</li> <li>-All types of sexual assault or battery, such as rape, sodomy and coerced nudity;</li> <li>-This also includes failure to intervene or attempt to stop or prevent non-consensual sexual activity or performance between residents;</li> </ul> </li> <li>-Abuse is prohibited by this facility. This includes physical abuse, sexual abuse, verbal abuse, mental abuse and involuntary seclusion;</li> <li>-This facility is committed to protecting our residents from abuse by anyone including, but not limited to, facility staff, other residents, consultants, volunteers, and staff from other agencies providing services to the individual, family members or legal guardians, friends, or any other individuals;</li> <li>-Resident assessment: as part of the resident social history assessment, staff will identify residents with increased vulnerability for abuse or who have needs and behaviors that might lead to conflict. Through the care planning process, staff will identify any problems, goals, and approaches which would reduce the chances of mistreatment for these residents. Staff will continue to monitor the goals and approaches on a regular basis;</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265238	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/07/2024
NAME OF PROVIDER OR SUPPLIER  Milan Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  52435 Infirmary Road Milan, MO 63556	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Reporting and investigation allegations:</p> <p>-Employees and vendors are required immediately to report any occurrence of potential mistreatment including alleged violations, mistreatment, neglect, abuse, sexual assault, and injuries of unknown source and misappropriation of resident property they observe, hear about or suspect to a supervisor or the administrator;</p> <p>-D. Investigation:</p> <p>-Appointing an investigator: The investigation will include assessment of all residents involved and interventions to ensure protective oversight of all residents and involved residents in the facility.</p> <p>1. Review of Resident #1's face sheet showed the following:</p> <p>-He/She was admitted on [DATE];</p> <p>-He/She had a durable power of attorney (DPOA)/legal guardian;</p> <p>-Medical diagnoses included unspecified dementia (a term used to describe a group of symptoms affecting memory, thinking and social abilities), unspecified severity, with agitation and vascular dementia (changes in memory, thinking and behavior resulting from conditions that affect the blood vessels in the brain, such as strokes).</p> <p>Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument required to be completed by facility staff, dated 02/08/24, showed staff assessed the resident as:</p> <p>-Cognition: severely impaired; resident is rarely/never understood;</p> <p>-Had behavioral symptoms not directed towards others that occurred one to three days during the look-back period;</p> <p>-No rejection of cares;</p> <p>-Independent with transfers and mobility.</p> <p>Review of the resident's care plan, revised 04/29/24, showed the following:</p> <p>-Problem: the resident grasped staff inappropriately while staff was assisting with shower;</p> <p>-Interventions: Staff of the same sex to shower the resident if he/she becomes sexually inappropriate;</p> <p>-Problem: the resident has participated in consensual activities per his report with Resident #2, a resident of the opposite sex, related to his/her request to engage, and delusional belief that Resident #2 is his/her spouse.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265238	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/07/2024
NAME OF PROVIDER OR SUPPLIER  Milan Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  52435 Infirmary Road Milan, MO 63556	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Review of Resident #2's face sheet showed the following:</p> <ul style="list-style-type: none"> <li>-He/She was admitted on [DATE];</li> <li>-He/She had a legal guardian;</li> </ul> <p>-Medical diagnoses included bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs), vascular dementia and high-risk heterosexual behavior.</p> <p>Review of the resident's psychiatric telemedicine visit, dated 12/05/23, showed the following:</p> <ul style="list-style-type: none"> <li>-The resident had been delusional, believing he/she and a member of the opposite sex were in love with each other and had had sexual intercourse and they were going to fight in Armageddon together;</li> <li>-Had run down the hall naked on several occasions.</li> </ul> <p>Review of the resident's hospital history and physical, dated 12/11/23, showed the following:</p> <ul style="list-style-type: none"> <li>-The resident's legal guardian said the resident had really struggled in the past with his/her mental health;</li> <li>-He/She goes through spells when he/she is off and he/she gets hypersexual, stops taking care of himself/herself.</li> </ul> <p>Review of the resident's quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> <li>-Cognition moderately impaired;</li> <li>-Independent with transfers and mobility.</li> </ul> <p>Review of the resident's care plan, dated 4/29/24, showed the following:</p> <ul style="list-style-type: none"> <li>-Problem: the resident has participated in consensual activities per his/her report with Resident #1, a resident of the opposite sex, related to high-risk heterosexual diagnosis;</li> <li>-Interventions: 4/28/24, completion of capacity to consent to sexual activity and psychosocial post incident assessment;</li> <li>-4/28/24, 15-minute face checks scheduled in electronic medical record (EMR).</li> </ul> <p>Review of the facility's initial reporting form, dated 04/28/24 showed the DON documented the following:</p> <ul style="list-style-type: none"> <li>-Date and time staff became aware of the incident: 04/28/24 at 8:30 P.M.;</li> <li>-Date and time administrator was notified: 04/28/24 at 8:52 P.M.;</li> </ul> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265238	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/07/2024
NAME OF PROVIDER OR SUPPLIER  Milan Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  52435 Infirmary Road Milan, MO 63556	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Licensed Practical Nurse (LPN) A reported observing Resident #1 and Resident #2 lying undressed in Resident #1's bed. At the time of the incident, Resident #1 and #2 agreed they were okay with and enjoying the acts they were performing (kissing and touching each other);</p> <p>-Place of occurrence: Resident #1's room.</p> <p>During an interview on 05/07/24 at 5:05 P.M. the Director of Nurses (DON) said the following:</p> <p>-Resident #2 started having some affectionate behavior towards Resident #1 on 04/22/24, not hypersexual, just handholding at times and sitting on the couch together;</p> <p>-Facility staff told her the behavior of both Resident #1 and #2 seemed to escalate, they would look for empty rooms, but no specific interventions were put in place for this at that time;</p> <p>-She was aware that Resident #1 had a history of being a sex offender, but there had been no further information regarding that history when he/she was admitted ;</p> <p>-She was not aware that Resident #2 had a history of hypersexual behavior until after the incident on the evening of 4/28/23;</p> <p>-On the evening of 4/28/24 she came into the facility to investigate the report of Resident #1 and #2 who were found naked in bed together;</p> <p>-She interviewed Resident #1 and #2 who were involved in this incident, but she did not interview any other residents of the facility to see if they felt safe or if they had been approached by Resident #1 or #2 prior to or since the incident on the evening of 4/28/24;</p> <p>-She interviewed licensed practical nurse (LPN) A about the incident and obtained a written statement from him/her, but did not interview other staff present in the facility;</p> <p>-She instructed LPN A to tell the on-coming shift to continue every 15-minute checks on both residents and document those, as well as to continue to keep the residents separated.</p> <p>MO00235367</p>		