STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265480	A. Building B. Wing	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grand River Health Care	118 Trenton Road Chillicothe, MO 64601

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 44395 Based on interview and record review, the facility failed to ensure one resident (Resident #1) was free from abuse when a staff member forcibly used the resident's own hand to hit himself/herself in the face multiple times. This affected one of four sampled residents (Resident #1). The facility census was 28. Review of the facility provided, Abuse Prohibition Policy dated March 2012 showed: -It is the purpose of this facility to prohibit mistreatment, neglect abuse of resident and misappropriation of resident property. -Abuse is defined as the willful infliction of injury,unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish. -All employees of this facility are mandated reporters. -All allegations of abuse, neglect,exploitation, mistreatment, injuries of unknown sources, will be reported immediately. Review of the resident's Quarterly Minimum Data Set (MDS a federally mandated assessment tool completed by facility staff) dated 11/12/24 showed: -Brief Interview of Mental Status (BIMS) of 99, indicated the resident had severe cognitive deficits; -Understands others and able to make self understood. -Physical behaviors such as hitting, kicking, spitting or scratching, occurred 4-6 days of the 7 day assessment period; -Verbal behaviors such as screaming, yelling or cursing,occurred daily of the 7 day assessment period; -Rejection of cares such as refusal of medications, bathing, assistance to toilet, occurred 4-6 days of the 7 day assessment period; (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Actual harm Residents Affected - Few	-Need for moderate assistance from staff for Activities of Daily Living (ADL's: activities done in a day to care for oneself such as bathing, using the toilet, transfers and mobility); -Limited mobility of both upper and lower limbs; -Diagnoses of: Mood Disorder (a mental disorder that causes a person to feel sad, empty, anxious and cranky.) Violent behavior (any action that threatens or harms others, or destroys property) Generalized Anxiety (constant worry that is uncontrollable) Parkinson's Disease (a chronic brain disorder that causes movement problems, and can also affect mental health, sleep, and pain) and pain. Review of the resident's care plan dated 8/12/24 showed: -The resident had socially inappropriate and disruptive behaviors: allow the resident to have control over situations if possible; convey an attitude of acceptance toward the resident; maintain a calm, slow, understandable approach to the resident; -The resident has impaired decision making ability due to dementia: calm the resident if signs of distress develop; respect the resident's rights to make decisions. Review of the facility investigation dated 11/27/24 at 1:00 P.M. showed: -On 11/25/24 in the afternoon the resident locked himself/herself in the activity room; -Housekeeping Aide A tried tied to remove the resident from the room when the resident began hitting/kicking/yelling; -Housekeeping Aide A walked away and got assistance from the Director of Nursing (DON); -The resident continued to yell/hit/kick; -The DON grabbed the resident's arm and would not let go; -The resident hit the DON; -The DON then grabbed the resident's arm and began hitting the resident in the face with the resident's own hand, and was yelling in the resident's face; -Evaluation of the resident showed he/she did not feel safe around the alleged perpetrator (AP); -Notification was made to the physician and the guardian. Review of the Resident's progress notes showed: November 25, 2024 at 2:00 P.M. -The resident locked himself/herself in the activity room; -Activity staff unlocked the door and the resident began screaming, kicking and hitting; (continued on next page)

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F 0600 Level of Harm - Actual harm Residents Affected - Few	-The DON intervened and the resident continued to kick, hit and scream; -The Social Service Director (SSD) de-escalated the situation and the resident was taken to his/her room; November 27,2024 at 2:00 P.M. -A complete skin assessment was completed; -The resident had no bruises or abrasions to the right side of his/her face; -The physician and guardian were notified; -At 3:56 P.M. law enforcement was notified. During an interview and observation on 12/5/24 at 1:32 P.M. Resident #1 said: -The DON was mad and yelling in his/her face; -The DON hurt his/her right cheek, when he/she used his/her hand to smack his/her own face; -The resident demonstrated his/her hand smacking his/her right cheek, with an open palm; -He/She was not scared now and felt safe since the DON was gone; -He/She was afraid of the DON. During an interview on 12/5/24 at 2:07 P.M. Housekeeping Aide A said: -He/She was cleaning and attempted to open the Activity Room door but something was blocking it; -He/She went through the connecting room and found Resident #1 was backed up against the door in his/her wheelchair; -Resident #1 was yelling, kicking and hitting at the DON who was standing in front of the resident; -The DON grabbed Resident #1's right arm and said to stop. The resident pulled his/her arm away from the DON and hit the DON in the face, knocking off the DON's glasses and scratching his/her face; -The DON grabbed the resident's arm again and began using the resident's hand to smack the resident on the right side of his/her own face; -He/She left the room and got the SSD to come help, leaving the resident in the room alone with the DON; -The SSD got the resident to calm down and they all left the activity room; -He/She reported the incident the next to day to his/her supervisor. (continued on next page)

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F 0600 Level of Harm - Actual harm Residents Affected - Few	During an interview on 12/5/24 at 2:27 P.M. the SSD said: -He/She heard yelling, so he/she went to investigate; -He/She tried to get into the Activity Room and the door was blocked; -He/She entered through the connecting door and saw Resident #1 sitting in his/her wheelchair, yelling at the DON, and the DON was yelling at the resident; -He/She told the DON to stop; -He/She bent down to the resident's level and explained to the resident to focus on him/her; -He/She got the resident to stop yelling and then removed him/her from the Activity Room to the SSD office. During an interview on 12/5/24 at 2:50 P.M. the Administrator said: -The Housekeeping Aide had come to her office on November 27th to discuss something and while there reported the incident with Resident #1 and the DON; -He/She educated the staff immediately on what Abuse and Neglect was and to report immediately; -Once he/she found out about the incident an investigation was started, the DON was placed on leave and 1:1 education was initiated; -When he/she interviewed Resident #1 they said they were afraid of the DON and that the DON hit them in the face. MO245813 MO245823

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 44395 Based on interview and record review, the facility failed to ensure an alleged violation of potential physical abuse was reported immediately, but not later than two hours after the allegation was made, to officials in accordance with State law, including the Survey Agency for one sampled resident (Resident #1) out of four sampled residents. The facility census was 28 residents. Review of the facility provided, Abuse Prohibition Policy dated March 2012 showed: -It is the purpose of this facility to prohibit mistreatment, neglect abuse of resident and misappropriation of resident property; -All employees of this facility are mandated reporters; -All allegations of abuse, neglect,exploitation, mistreatment, injuries of unknown sources, will be reported immediately. Review of the resident's Quarterly Minimum Data Set (MDS a federally mandated assessment tool completed by facility staff) dated 11/12/24 showed: -Brief Interview of Mental Status (BIMS) of 99, indicated the resident had severe cognitive deficits; -Understands others and able to make self understood; -Physical behaviors such as hitting, kicking, spitting or scratching, occurred 4-6 days of the 7 day assessment period. -Verbal behaviors such as screaming, yelling or cursing,occurred daily of the 7 day assessment period; -Rejection of cares such as refusal of medications, bathing, assistance to toilet, occurred 4-6 days of the 7 day assessment period; -Need for moderate assistance from staff for Activities of Daily Living (ADL's: activities done in a day to care for oneself such as bathing, using the toilet, transfers and mobility); -Limited mobility of both upper and lower limbs; -Diagnoses of: Mood Disorder (a mental disorder that causes a person to feel sad, empty, anxious and cranky.) Violent behavior (any action that threatens or harms others, or destroys property) Generalized Anxiety (constant worry that is uncontrollable) Parkinson's Disease (a chronic brain disorder that causes movement problems, and can also affect mental health, sleep, and pain) and pain. Review of the resident's care plan dated 8/12/24 showed: (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The resident had socially inappropriate and disruptive behaviors: allow the resident to have control over situations if possible; convey an attitude of acceptance toward the resident; maintain a calm, slow, understandable approach to the resident; -The resident has impaired decision making ability due to dementia: calm the resident if signs of distress develop; respect the resident's rights to make decisions. Review of the facility investigation dated 11/27/24 at 1:00 P.M. showed: -On 11/25/24 in the afternoon the resident locked himself/herself in the activity room; -Housekeeping Aide A tried tied to remove the resident from the room when he/she began hitting/kicking/yelling; -Housekeeping Aide A walked away and got assistance from the Director of Nursing (DON); -The resident continued to yell/hit/kick; -The DON grabbed the resident's arm and would not let go; -The resident hit the DON; -The DON then grabbed the resident's arm and began hitting the resident in the face with the resident's own hand, and was yelling in the resident's face; -Evaluation of the resident showed he/she did not feel safe around the alleged perpetrator; -Notification was made to the physician and the guardian. During an interview on 12/5/24 at 2:07 P.M. Housekeeping Aide A said: -He/She reported the incident to his/her supervisor on 11/26/24; -He/She did not report to his/her supervisor immediately as the supervisor was not in the building at the time of the incident; -He/She did not know what to do during the incident as he/she was in shock; -He/She had seen the DON be rude and yelling in other resident's faces before; -He/She did not report previous events because it was the DON and the DON could fire him/her; -He/She reported to the Administrator a couple of days after the incident, he/she is not sure what day exactly; -He/She had been told by previous administration to report concerns to his/her direct supervisor first. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/5/24 at 2:19 P.M. the Housekeeping Supervisor said: -Housekeeping Aide A reported the incident to him/her a few days after the incident; -He/She was not sure what day the Aide told him/her about the incident; -He/She told the Aide to report any concerns immediately to the Administrator; -He/She did not report to the Administrator themselves. During an interview on 12/5/24 at 2:27 P.M. the Social Services Director (SSD) said: -He/She reported the incident to the Administrator two days later on 11/27/24; -The Administrator was not in the facility the day the incident occurred and the next day. During an interview on 12/5/24 at 2:50 P.M. the Administrator said: -The Housekeeping Aide came to her office on November 27th to discuss something and while there reported the incident that had occurred between Resident #1 and the DON; -He/She educated the staff immediately on identifying abuse and neglect and to report abuse and neglect immediately; -Once he/she found out about the incident an investigation was started, the DON was placed on leave and 1:1 education was initiated; -The incident should have been reported to her immediately and a report made to the state survey agency. MO245813 MO245823