

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265482	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/17/2025
NAME OF PROVIDER OR SUPPLIER River City Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE 3038 West Truman Blvd Jefferson City, MO 65109	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42815</p> <p>Based on observation, interviews and record review, facility staff failed to ensure resident environment remained free of accident hazards when facility staff failed to ensure lighters were kept secure for three (Resident #1, #2, and #3) out of three sampled residents. The facility census was 60.</p> <p>1. Review of the facility's Smoking-Residents policy, dated March, 2015, showed:</p> <p>-This facility shall establish and maintain safe resident smoking practices;</p> <p>-Smoking articles for residents with independent smoking privileges shall be permitted to keep cigarettes, pipes, tobacco, or other smoking articles in their possession;</p> <p>-Resident may only keep disposable safety lighters.</p> <p>2. Review of Resident #1's Annual Minimum Data Set (MDS), a federally mandated assessment tool, dated 12/19/24, showed staff assessed the resident as mild cognitive impairment and used tobacco.</p> <p>Review of the resident's care plan, dated 12/23/24, showed staff documented the resident is a smoker and able to keep cigarettes and lighter on his/her person.</p> <p>Review of the facility's smoking assessment, dated 09/11/24, showed staff documented the resident as a safe smoker.</p> <p>Observation on 01/17/24 at 9:49 A.M., showed the resident smoking outside.</p> <p>During an interview on 01/17/25 at 9:41 A.M., the resident said he/she kept his/her cigarettes and lighter in his/her room.</p> <p>3. Review of Resident #2's Change in Condition MDS, dated [DATE], showed staff assessed the resident as mild cognitive impairment and used tobacco.</p> <p>Review of the resident's Physician Order Summary (POS), dated 12/30/24, showed an order for oxygen administered at two liters per minute per as needed for shortness of breath.</p> <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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's care plan, dated 11/08/24 showed staff documented the resident is a smoker and able to keep cigarettes and lighter on his/her person.</p> <p>Review of the facility's smoking assessment, dated 09/11/24, showed staff documented the resident was a safe smoker.</p> <p>Observation on 01/17/25 at 9:43 A.M., showed the resident pulled a pack of cigarettes containing a lighter out of his/her pocket.</p> <p>Observation on 01/17/24 at 9:49 A.M., showed the resident lit his/her cigarette and placed the lighter back in his/her pocket.</p> <p>Observation on 01/17/25 at 10:05 A.M., showed the resident had an oxygen concentrator in his/her room.</p> <p>During an interview on 01/17/25 at 9:43 A.M., the resident said he/she kept his/her cigarettes and lighter in his/her room.</p> <p>4. Review of Resident #3's Admission MDS, dated [DATE], showed staff assessed the resident as mild cognitive impairment and used tobacco.</p> <p>Review of the resident's care plan, dated 12/23/24, showed staff documented the resident is a smoker and able to keep cigarettes and lighter on his/her person.</p> <p>Review of the facility's smoking assessment, dated 10/11/24, showed staff documented the resident was a safe smoker.</p> <p>Observation on 01/17/25 at 9:44 A.M., showed the resident pulled a pack of cigarettes, containing a lighter, out of his/her pocket.</p> <p>Observation on 01/17/25 at 11:17 A.M., showed the resident pulled a lighter out of his/her cigarette pack, lit his/her cigarette and placed the lighter back in the cigarette pack.</p> <p>During an interview on 01/17/25 at 9:44 A.M., the resident said he/she kept his/her cigarettes and lighter in his/her room.</p> <p>5. During an interview on 01/17/25 at 10:07 A.M., the MDS Coordinator said per policy, resident's are allowed to keep disposable lighters in their room. He/She said the concern with resident's being allowed to keep lighters in their rooms, was the potential for the resident to smoke in the room.</p> <p>During an interview on 01/17/25 at 11:12 A.M., Certified Nurse Aide (CNA) A said he/she did not know resident's kept their lighters in their rooms. He/She said the safety concern with resident's keeping lighters in the room is the potential the resident could catch themselves or the building on fire.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 01/17/25 at 12:07 P.M., the administrator said per policy resident's are able to keep lighters on his/her person. He/She said if a resident kept the lighter on his/her person, and the resident was not alert or capable of making good decisions, there was a potential for a resident to catch things on fire, or smoke in their rooms. He/She said if a resident had oxygen in his/her room and used a lighter, there was a potential to cause an explosion.</p> <p>MO00247853</p>		