STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265482	A. Building B. Wing	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River City Living Community	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39440 Based on interviews and record review, facility staff failed to ensure services provided met professional standards of practice when staff failed to document and complete neurological checks for three residents (Resident #1, #2, and #3) of four sampled residents who had unwitnessed falls. The facility's census was 40. 1. Review of the facility's Event Investigation policy, dated March 2015, showed staff are directed to identify any injuries after a resident sustains an event, and directed staff to document the type of event, such as a fall, and a mental/neurological status after the event. Review of the facility's post-fall flow chart, undated, showed staff are directed as follows: -Charge nurse initiates a fall event in the electronic medical record (EMR). Describe if witnessed or observed on floor, neurological checks initiated or neurological checks not initiated; -Charge nurse enters initial vital signs, progress note, and any other orders: complete neurological checks on paper form then scan and upload into the EMR; -The policy did not indicate the time frame for staff to complete neurological checks after a fall. 2. Review of Resident #1's Quarterly Minimum Data Set (MDS), a federally mandated assessment, dated 01/10/25, showed staff assessed the resident with mild cognitive impairment and had two or more non-injury falls since admission. Review of the facility's fall incident report, dated 12/13/24 through 02/13/25, showed the resident had an unwitnessed fall on 01/08/25 and 01/30/25. Review of the resident's progress notes, dated 01/08/25, showed staff documented the resident was found laying on floor next to his/her bed. Review showed staff did not document neurological checks were initiated. Review of the resident's progress notes, dated 01/30/25, showed staff documented the resident rolled out of bed and found on fall mat. (continued on next page)

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

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

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the resident's EMR showed the record did not contain documentation staff completed the neurological checks after the resident's unwitnessed fall on 01/08/25 and 01/30/25. 3. Review of Resident #2's Quarterly MDS, dated [DATE], showed staff assessed the resident with severe cognitive impairment, and had two or more non-injury falls since admission. Review of the facility's fall incident report, dated 12/13/24 through 02/13/25, did not show documentation of the resident's fall on 01/15/25. Review of the resident's progress notes, dated 01/15/25, showed staff documented the resident found laying on floor next to his/her bed, assessed by the nurse, and transferred to bed. Review showed staff did not document neurological checks were initiated. Review of the resident's EMR showed the record did not contain documentation staff completed the neurological checks after the resident's unwitnessed fall on 01/15/25. 4. Review of Resident #3's Quarterly MDS, dated [DATE], showed staff assessed the resident with severe cognitive impairment, and did not have any falls since admission. Review of the facility's fall incident report, dated 12/13/24 through 02/13/25, showed the resident had an unwitnessed fall on 01/02/25. Review of the resident's progress notes, dated 01/02/25, showed staff documented the resident had an unwitnessed fall. Review of the resident's EMR showed the record did not contain documentation staff completed the neurological checks after the resident's unwitnessed fall on 01/02/25. 5. During an interview on 02/13/25 at 11:50 A.M., the Director of Nursing (DON) said he/she expects staff to document an event note with a nurse's note in the EMR and initiate a neurological assessment for any resident who had an unwitnessed fall or a fall with head injury, and if the resident is not sent to a hospital for evaluation, staff should complete the neurological checks for up to 72 hours. He/She said up until about a week prior, staff were directed to complete the neurological assessments on paper and upload to the residents' EMR. He/she said staff should have completed neurological checks for residents #1, #2, and #3 after each documented unwitnessed fall or documentation the resident was found. He/She said he/she is now responsible to oversee and audit post-fall documentation and completed neurological assessments. During an interview on 02/13/25 at 2:08 P.M., Licensed Practical Nurse (LPN) A said staff are directed to document an event note, a nurse's note in the EMR, and complete neurological checks if a resident had an unwitnessed fall. He/She said the neurological checks are completed and documented on paper for up to 72 hours. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 02/13/25 at 3:07 P.M., the administrator said he/she expects staff to complete neurological checks for 72 hours on any resident who had an unwitnessed fall since staff would be unsure if the resident sustained a head injury. He/She said the neurological checks were being completed on paper and scanned to the residents' EMR. He/She said the previous DON was responsible for post-fall audits and to ensure the neurological assessments were completed until he/she resigned on 01/10/25. Duiring an interview on 2/25/25 at 1:33 P.M., the DON said that he/she had just started his/her position recently. He/She said the guidance to complete the neurological checks for 72 hours comes from the facility software program which directs the nursing staff to complete neurological checks for 72 hours after a fall where the resident hits their head or if the fall is unwitnessed. During an interview on 2/25/25 at 2:15 P.M., the Physician said he/she would expect staff to complete neurological checks after a resident fall if the resident hits their head or if the fall was unwitnessed. He/She said the neurological checks should be completed for three days. MO00248703

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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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 39440 Based on interviews and record review, facility staff failed to provide the services of a Registered Nurse (RN) for at least eight consecutive hours per day, seven days per week. The facility's census was 40. 1. Review of the facility's policies showed the facility did not provide a policy for RN coverage. 2. Review of the facility's time-keeping records for consecutive hours worked by an RN for December 2024, showed the facility did not have an RN for at least eight consecutive hours a day in the building on Tuesday, 12/31/24. Review of the facility's time-keeping records for consecutive hours worked by an RN for January 2025, showed the facility did not have an RN for at least eight consecutive hours a day in the building on the following dates: -Saturday, 01/04/25; -Sunday, 01/05/25; -Saturday, 01/11/25; -Sunday, 01/12/25: -Saturday, 01/18/25; -Sunday, 01/26/25. Review of the facility's time-keeping records for consecutive hours worked by an RN for 02/01/25 through 02/12/25, showed the facility did not have an RN in the building on Saturday, 02/01/25 or Sunday, 02/02/25. During an interview on 02/13/25 at 2:48 P.M., the Director of Nursing (DON) said he/she was aware of the requirement to have an RN in the building at least eight consecutive hours daily, but he/she had only been at facility for eight days and did not know who was responsible to ensure the RN coverage was being met prior. He/She said the administrator is currently responsible for scheduling RNs. During an interview on 02/13/25 at 3:07 P.M., the administrator said he/she was aware of the requirement to have an RN in the building at least eight consecutive hours daily. He/She said the previous DON was responsible for scheduling RNs and when the DON resigned in January, another staff was helping with the RN schedules, but he/she was ultimately responsible to ensure there was eight hours of RN coverage daily. The administrator said he/she realized there were several days without eight consecutive hours of RN coverage. He/She said on 02/01/25 and 02/02/25, the RN that was scheduled did not show up to work, and he/she did not have a back-up plan for RN coverage on those dates. (continued on next page)

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	MO00248703