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	10/28/2025

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. (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

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	10/28/2025

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	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility staff failed to document they administered three residents (Resident #1, Resident #2 and Resident #3) out of three sampled residents medication as directed by the physician. The facility census was 44.1. Review of the facility's medication administration guidelines, dated 2/7/2013, showed it is the purpose of this facility that residents receive their medications on a timely basis and in accordance with established policies. Drug administration shall be defined as an act in which an authorized person in accordance with all laws and regulations governing such acts, gives a single dose of a prescribed drug or biological to a resident. The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container), verifying it with the physician's orders, giving the individual dose to the proper resident, and promptly recording the information. The person administering the medication must chart medications immediately following the administration. The date, time administered, dosage, etc. must be entered in the medical record and signed by the person entering the data.2. Review of Resident #1's Quarterly Minimum Data Set, dated [DATE], a federally mandated assessment tool, showed staff assessed the resident with severe cognitive impairment, has a feeding tube, diagnoses of stroke, seizure or epilepsy, depression, cerebral palsy and anxiety.Review of the resident's POS, dated August 2025, showed physician orders directed staff to administer skin prep between Right great toe & 2nd digit twice a day and Isosource (a nutritionally-complete, calorically dense tube feeding formula) twice a day.Review of the resident's Medication Administration Record (MAR), dated August 2025, showed staff did not document they administered the resident's medications as directed for:-Skin prep (protects skin from further damage) on 08/18/25 and 08/30/25;-Isosource on 08/20/25;Review of the resident's Physician Order Sheet (POS), dated September 2025, showed physician orders directed staff to administer Gabapentin (anti-seizure medication)), Levetriracetam (anti-seizure medication), Valproic Acid (anti-seizure medication), Buspirone (cerebral palsy medication), and Risperidone (cerebral palsy medication)and to flush the residents feeding tube with water every four hours.Review of the resident's MAR, dated September 2025, showed staff did not document they administered the resident's medications Gabapentin , Levetriracetam, Valproic Acid, Buspirone, and Risperidone on 9/13/25 as directed by the physician. Review showed staff did not document they flushed the resident's feeding tube with water on 09/21/25. 3. Review of Resident #2's admission MDS, dated [DATE], showed staff assessed the resident as cognitively intact with a diagnosis of Diabetes.Review of the resident's POS, dated July 2025, showed physician orders directed staff to administer Novolog three times a day. Review of the resident's MAR, dated July 2025, showed staff did not document they administered the resident's Novolog Insulin (diabetes medication) on 7/5/25 as directed by the physician.Review of the resident's POS, dated September 2025, showed physician orders directed staff to administer Novolog three times a day.Review of the resident's MAR, dated September 2025, showed staff did not document they administered the resident's Novolog Insulin on 9/21/25 as directed by the physician.During an interview on 10/10/25 at 10:41 A.M., the resident said if he/she asks staff for his/her diabetes medication he/she will get it, if he/she doesn't ask he/she does not get it. He/She said often when he/she complains about not getting his/her insulin staff say it is documented in his/her chart he/she got it. 4. Review of Resident #3 Quarterly MDS, 9/19/25, showed staff assessed the resident as cognitively intact with diagnoses of diabetes, chronic pain syndrome, pneumonia. Review of the resident's POS, dated September 2025, showed physician orders directed staff to administer Hydrocodone one tablet every six hours, ipratropium/albuterol four times a day, and metformin one time a day.Review of the resident's Medication Administration Record (MAR), dated September 2025, showed staff did not document they administered the resident's medications for Hydrocodone (pain medication), Ipratropium/albuterol (bronchodilator medication) and Metformin (diabetes medication) on 9/15/25.#2636658

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	10/28/2025

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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	10/28/2025

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 0689 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility staff failed to prevent an injury to one resident (Resident #3) when a Nursing Assistant (NA) used an electric nail file to apply acrylic nails to resident's fingernails and cut his/her finger which caused an infection and hospitalization. The facility census was 44.1. Review of facility's Care of Nails - Fingers and Toes policy, undated, showed the purpose of the policy is to provide cleanliness, comfort, and to prevent spread of infection. Nursing assistants may perform nail care on the residents who are not at risk for complications of infection. The licensed nurse or podiatrist must perform nail care on residents suffering from diabetes or vascular disease. 2. Review of Resident #3's Quarterly Minimum Data Set, dated [DATE], a federally mandated assessment tool, showed staff assessed the resident cognitively intact and diagnosis of Diabetes.Review of the resident's care plan, revised 9/24/25, showed staff documented the resident was at risk for unstable blood sugars due to diabetes and required assistance with activities of daily living. Review of the residents nurses notes, dated 9/27/25, showed staff documented resident had pain in right hand and arm. Staff documented redness that traveled up the arm, tenderness and swelling to the area. Resident reported it as very painful. Physician notified and resident sent to emergency department for probable intravenous (IV) therapy (a medical procedure that involves administering fluids, medications, or nutrients directly into a patient's vein).Review of the resident's surgical orthopedics notes, dated 9/27/25, showed the resident presented to the emergency room with concerns for right index finger wound. Onset of symptoms 9/26/25 and rapidly progressed. Review showed marked erythema (redness of the skin) and edema noted to right index finger. There is a scabbed wound noted over the medial aspect of the distal interphalangeal (the joint at the very end of a finger or toe, just before the fingernail, which allows it to bend) joint of the right index finger. Review showed did not have fluctuation, drainage or abscess. Erythema extends up the dorsal aspect of the right hand. Resident was admitted for IV antibiotics for septic arthritis of right index finger and underwent index finger arthrotomy (a surgical procedure that involves opening a joint to diagnose or treat underlying conditions) with removal of infected tissue on 9/29/25. Intra-operative cultures of the right index finger showed Methicillin-resistant Staphylococcus aureus (MRSA) (caused by a type of staph bacteria that's become resistant to many of the antibiotics used to treat ordinary staph infections). Review of the resident's nurse's notes, dated 10/03/2025 at 4:11 P.M., showed staff documented the resident returned from the hospital. Review of the resident's nurse's notes, dated 10/05/2025 03:19 A.M., showed staff documented the resident continued on antibiotics for infection in finger.During an interview on 10/27/25 at 4:15 P.M., the resident said NA A has done nail care for him/her a few times but only one of those times did he/she use the electric nail file. The resident said her/she does not think NA A meant to hurt him/her and it was an accident, but he/she did do it. During an interview on 10/10/25 at 9:00 A.M., the administrator said activities and other staff will paint and file resident's nails. He/She said one NA did acrylic nails on the resident. He/She said there were rumors going around that NA A hit the resident's skin with the electric nail file, but NA A denied hitting the resident's skin with the electric nail file. He/She said the residents wound did turn septic and he/she was admitted to the hospital. He/She said he/she spoke to NA A and told him/her to not do acrylic nails any longer. He/She said NA A is probably not supposed to clip nails either because he/she is not certified. During an interview on 10/27/25 at 4:10 P.M., NA A said he/she does the residents nails in the facility. He/She said typically he/she files them and paints them but said he/she does not cut them because most of the resident's want their nails to stay long. NA A said he/she did the resident nails for him/her. NA A said he/she did use a electric nail file on the resident once but denied that he/she cut the resident. He/She said there was no redness or injury and denied that the resident had pain. He/She said he/she did not know he/she was not supposed to use an electronic nail file on resident nails. NA A said he/she is not allowed to do nail care on diabetic residents, and he/she did not realize the resident was a diabetic. He/She said that he/she did observe what looked like an old burn or corn but that was on the resident's right hand middle finger. He/She said he/she was unsure of when he/she did the residents nails with the electric nail file because he/she does not have a good sense of time. During an interview on 10/28/25 at 2:25 P.M., the facility physician said he/she saw the resident on 9/26/25 at the facility and the resident complained of pain to his/her right index finger. The physician said the area was red and painful but was not warm to touch. He/She said septic arthritis is an infection that has traveled to the joint. He/She said it is possible that the infection could have been caused by nail care provided to the resident with an electric