

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER Claru Deville Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 105 Spruce Street Fredericktown, MO 63645	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39360</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident's right to be free from abuse was not violated, when two residents (Residents #1 and #2) were involved in a verbal and physical altercation, which resulted in both residents on the ground hitting each other. The facility's census was 74.</p> <p>The facility was notified of past non-compliance on 10/31/24. Facility staff immediately intervened, notified administration, separated the residents, and provided assessment and services to the involved residents. Staff were in-serviced on abuse and neglect prevention. The deficiency was corrected on 10/10/24.</p> <p>Review of the facility's policy titled, Abuse, undated, showed:</p> <ul style="list-style-type: none"> - It is the policy of this facility that each resident will be free from abuse which can include verbal, mental, sexual or physical abuse, misappropriation of property, exploitation, corporal punishment or involuntary seclusion; - The resident will be free from chemical or physical restraints, imposed for purposes of discipline or convenience and that are not required to treat resident's symptoms; - Residents will be protected from abuse, neglect and harm while residing at the facility; - No abuse or harm of any type will be tolerated, and residents and staff will be monitored for protection; - The facility will strive to educate staff and other applicable individuals in techniques to protect all parties. <p>1. Review of Resident #1's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; <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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Diagnoses of bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs), depression, anxiety (persistent worry and fear about everyday situations), Post Traumatic Stress Disorder (PTSD, a disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event), unspecified intellectual disabilities (below average intelligence and set of life skills present before the age of 18) and attention-deficit hyperactivity disorder (ADHD, a chronic condition including attention difficulty, hyperactivity, and impulsiveness);</p> <p>- Legal guardian in place.</p> <p>Review of Resident #1's quarterly Minimum Data Set (MDS, a federally mandated assessment instrument completed by the facility staff), dated 09/17/24, showed:</p> <p>- Cognitively intact;</p> <p>- Independent with activities of daily living (ADLs);</p> <p>- Received antipsychotic (medication that alters brain chemistry to help reduce psychotic symptoms such as hallucinations, delusions, and disordered thinking) and anti-anxiety medications on a routine basis.</p> <p>Review of Resident #1's care plan, last revised 10/17/24, showed:</p> <p>- Resident requires psychotropic and anti-anxiety medications due to diagnoses of bipolar disorder and depression;</p> <p>- Resident has experienced trauma, may have fear, terror, dread, or helplessness due to traumatic event.</p> <p>- Resident resides on the secured behavioral unit due to history of behaviors related to diagnoses of anxiety, depression, ADHD, and bipolar disorder and risk to harm self or others;</p> <p>- Resident has history of aggressive behaviors, got fired from fast food jobs due to behaviors including hitting a co-worker, admits to having no control over his/her temper, becoming aggressive and assaultive when aggravated. Self-injurious behavior - self mutilating - cutting his/her arms and attempted suicide (by overdose); depression, behavioral outbursts, anxiety that is triggered by not understanding what is asked of him/her, not hearing things that are spoken due to hearing impairment, outbursts when others are around and may take the attention from others away from him/her, outburst may include excessive cussing, throwing items at walls, and self harming. Poor coping skills, poor judgment, makes poor decisions, strikes out when aggravated, and short attention span and does not trust that staff will care about him/her, so acts out to go back to hospital, dated 01/11/24. Interventions include to remove resident from group activity when behavior is unacceptable, remove resident from other resident's rooms and unsafe situations, report psychiatric needs to psychiatrist/physician, respect resident's needs for privacy and space, avoid unnecessary touching, dated 01/11/24; one on one monitoring, re-direction, PRN (as needed) medications, and 15 minute checks.</p> <p>Review of Resident #1's Progress Notes, dated 10/10/24, showed:</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Nursing staff sent alert that all staff were needed on behavioral unit. When this nurse and other staff responded, Resident #1 was noted to be on the ground on his/her back and Resident #2 was on top of Resident #1 as they were in a physical altercation. Staff separated Resident #1 and Resident #2. Staff reported that Resident #1 was upset about his/her placement in line to see the unit coordinator for a meeting and started to yell and curse at other resident's. Resident #2 asked Resident #1 to be patient and wait his/her turn which upset Resident #1. Resident #1 then proceeded to tell Resident #2 that he/she was going to beat his/her fu*king ass and then Resident #1 charged at Resident #2, grabbing Resident #2 by his/her hair and pulling, not letting go. Resident #2 then struck Resident #1 in the face multiple times and then poked Resident #1 in both of his/her eyes. Residents ended up on the ground during this altercation and that is when staff intervened and were finally able to separate residents. Resident #1 continued to cry, scream, and curse very loudly in hallway at staff. Resident #1 also stated that he/she would find an object and cut his/her own neck. Doctor notified and gave order to send out to emergency room (ER) for evaluation. Law enforcement officers arrived to facility and spoke with Resident #1 until emergency medical services (EMS) arrived to transport Resident #1. During this time, Resident #1 was evaluated and noted to have redness to bilateral eyes, no bleeding noted. Small scrape on upper left eyelid. Resident #1 reported having pain in bilateral eyes. EMS arrived to transport resident to hospital for evaluation. Spoke with hospital ER staff and gave report. Guardian was notified by Licensed Practical Nurse (LPN) on shift of behaviors and transfer. Face sheet, med list, guardianship paperwork, and bed hold/transfer policy all sent with resident to ER and Social Services Designee (SSD) also sent bed hold/transfer policy to guardian. Director of Nursing (DON) aware of altercation.</p> <p>2. Review of Resident #2's medical record showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Diagnoses of schizophrenia (a disorder that affects a person's ability to think, feel and behave appropriately), major depressive disorder (a disorder characterized by persistent depressed moods or loss of interest in activities, causing significant impairment in daily life), schizoaffective disorders (a condition including schizophrenia and mood disorders), bipolar disorder (a disorder associated with mood swings, ranging from depressive lows to manic highs), delusional disorder (a mental illness in which a person has beliefs or altered reality despite evidence to the contrary), restlessness, agitation and mood disorder; - Legal guardian in place. <p>Review of Resident #2's quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> - Cognitively intact; - Independent in ADLs; - Received antipsychotics on a routine basis. <p>Review of Resident #2's care plan, updated 08/15/24, showed:</p> <ul style="list-style-type: none"> - Resident with poor decision making/judgment related to mood disorder, schizoaffective disorder, schizophrenia, bipolar disorder, and delusional disorder; <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - Resident requires psychotropic medication; - Resident resides on secured behavioral unit due to history of behaviors; - At risk to harm self or others; - History of suicidal attempt. <p>Review of Resident #2's progress notes, dated 10/10/24, showed:</p> <ul style="list-style-type: none"> - Nursing staff alerted that all staff assistance was needed on behavioral unit related to an altercation between Resident #2 and Resident #1. Staff reported that Resident #1 was upset about order in line for meeting with the unit coordinator when he/she started yelling and cursing. Resident #2 asked Resident #1 to be patient and wait turn which upset Resident #1 who proceeded to tell Resident #2 that she was going to beat her fu*king ass and then Resident #1 charged at Resident #2, grabbed hair and pulled, not letting go. Resident #2 then struck Resident #1 in the face multiple times and poked both of his/her eyes. Both residents ended up on the ground during this altercation and that is when staff intervened and were finally able to separate residents. Resident #2 was removed from situation where he/she reported the same thing that staff had reported. Resident #2 was assessed and noted to have large bald area to top of head by bangs where hair had been ripped out. Area was raised and resident reports that area was sore. Resident #2 also noted to have bruising to right hand, middle knuckle from striking Resident #1. Small abrasion also noted to left elbow. Resident #2 reported pain to head from having hair pulled. Resident #2 brushed out hair after altercation and had large amount of hair pulled from head. Resident #2 given ice to use on head and knuckle. Resident #2 was calm after altercation and remains calm at this time. Guardian made aware of altercation by unit coordinator and this nurse made physician aware of altercation. Resident #2 will be placed on 15 minute checks related to altercation. <p>Review of the facility's investigation, dated 10/10/24, showed:</p> <ul style="list-style-type: none"> - Resident #1 became agitated and verbally aggressive because he/she was fourth in line; - Resident #2 tried to talk to Resident #1, and was attacked, hit in face and a large portion of hair pulled; - Resident #2 responded by punching Resident #1 and poking him/her in the eyes; - Residents were separated, police and ambulance were called; - Resident #1 was sent to emergency room for evaluation and treatment and sent right back; - Resident #2 had a bald spot on top of head, small bruise and swelling to knuckles of right hand, superficial scrape to left elbow and swelling to left cheek. <p>A written statement by Resident #2, dated 10/10/24, showed:</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- At about 3:00 P.M., Resident #1 was threatening people because he/she was wanting to see the unit coordinator and he/she was fourth on the list and I was third. I had told Resident #1 to try and have some patience and he/she blew up and began screaming that he/she would punch me in the face. I told her OK, he/she lunged at me, grabbed my hair and the fight was on. I have a huge bald spot.</p> <p>During an interview on 10/17/24 at 1:00 P.M., Certified Nursing Assistant (CNA) D said multiple residents were lined up to talk to him/her, and Resident #1 was impatient, irritable, cussing other residents. Resident #2 was waiting in line also, and tried telling Resident #1 to be patient, they all have to wait to talk to him/her. That's when the altercation happened. Staff intervened, including himself/herself, unit staff called for support staff, other staff members came in, pulled Resident #1 and #2 apart, took Resident #2 away to his/her room to calm down, took Resident #1 away in the other direction. Resident #2 walked away willingly after separated, Resident #1 did not. Staff talked to Resident #1, tried calming him/her down, resident continued to curse staff and wanted to be sent out to the hospital. The DON and Registered Nurse (RN) B called EMS. The DON placed Resident #1 on 1:1 in his/her own room to calm down. CNA D said no PRN medications or injections were given during or after the altercation. CNA D said a day or two before the altercation, Resident #1 was not patient while wanting to take a shower, and slammed doors as another resident was using the shower. Staff went to talk to the resident and was able to redirect with success. Resident #1 normally redirected to own room for safety or brought to unit coordinator's office. Resident #1 has been on 1:1 since returning from the emergency room after the altercation.</p> <p>During an interview on 10/17/24 at 1:11 P.M., Resident #1 said on 10/10/24, Resident #2 told him/her people were ahead of him/her in line to talk to the supervisor (unit coordinator). Resident #2 was trying to be nice and said he/she could go ahead of him/her. Resident #1 said he/she was mad and can't control his/her anger. Resident #1 told Resident #2 he/she was gonna punch him/her, and they started to fight. The nurse came and sent him/her to the hospital to be safe, then he/she came back to the facility. Resident #1 said he/she feels safe now and has been on 1:1 since returning from the hospital.</p> <p>During an interview on 10/17/24 at 1:16 P.M., Resident #2 said on 10/10/24, everyone was wound up wanting to talk to CNA D. CNA D was late and had the sign-up sheet up to talk to everyone. Resident #1 was fourth on the list. Resident #2 thought he/she had a good relationship with Resident #1, so he/she could tell Resident #1 to cool his/her jets. Resident #1 was mad about having to wait. Resident #1 told him/her F You Bitch, I'll punch you in your F*in face, and the fight was on. Resident #1 punched him/her and grabbed his/her hair. Resident #2 hit Resident #1 back, and poked Resident #1's eyes with thumbs to make Resident #1 let go of his/her hair. Then the staff separated them, and Resident #1 went to the hospital. Resident #2 said he/she only talked to Resident #1 because he/she didn't want Resident #1 to hurt someone else. Resident #2 said he/she feels safe.</p> <p>During an interview on 10/17/24 at 1:29 P.M., CNA E said he/she was pulled to the unit on 10/10/24 due to two residents fighting and needed to sit 1:1 with Resident #1 after he/she returned from the hospital. During that time, Resident #1 said he/she was going to whip Resident #2's ass when he/she gets off 1:1. Facility staff tried to talk to Resident #1, and other residents can't tell Resident #1 no, or behaviors start.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 10/31/24 at 12:02 P.M., RN B said yelling was heard on the unit, so they went back there. Resident #2 was trying to tell Resident #1 to be patient and wait his/her turn in line, Resident #1 told Resident #2 he/she was going to punch him/her. Staff was trying to separate the two and when we got them separated, the ambulance was called. To my knowledge, that was the first behavior he/she had that day. The hospital only kept him/her a short time. When Resident #1 returned from the hospital, he/she had a raised area on his/her forehead and a scratch on his/her nose. He/She was placed one on one, which made behaviors better due to the attention. If he/she doesn't like something, he/she would become verbally aggressive, cursing, punching walls, throwing things, punches staff or other residents.</p> <p>During an interview on 10/17/24 at 10:36 A.M., the DON said the unit coordinator had a list of residents who wanted to discuss concerns. Resident #1 was fourth on the list and Resident #2 was third on the list. The unit coordinator spoke to Resident #1 in the hall, when Resident #1 stopped her in the hall, and let Resident #1 know he/she was going down the list and would be talking to him/her. The DON said Resident #2 then spoke to Resident #1 about waiting his/her turn. Resident #1 said get out of his/her face or he/she would hit Resident #2. Resident #1 hit Resident #2 in the face, Resident #2 hit Resident #1 back, then both residents were in the floor with Resident #2 on top of Resident #1. Three staff members pulled Resident #2 off of Resident #1, Resident #1 pulled hair out of Resident #2's head. Resident #2 had a bald spot on top of the head. Resident #2 had a skin scrape to the elbow, and knuckles, bruising and swelling to the face. Resident #1 had cuts over both eyes, red eyes, goose egg on forehead from being punched by Resident #2. Staff called 911. Resident #1 went to the hospital, and returned approximately 30 minutes later. There was no assessment from the hospital. Upon return, Resident #1 was placed on 1:1 immediately, he/she continued yelling I'm gonna kick your ass. An order for Haladol/Ativan PRN injection was obtained and given to Resident #1 due to outburst. Resident #1 remained 1:1.</p> <p>Complaint # MO00243414</p>		