STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265621	A. Building B. Wing	06/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Livingston Manor Care Center	939 East Birch 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 - Minimal harm or potential for 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed protect one sampled residents (Resident #1) right to be free from physical abuse when resident (Resident #2) hit Resident #1 in the head. The facility staff did not place Resident #2 on increased monitoring until the resident was moved to the secured unit six days after the event. The facility census was 37. Review of the facility's abuse policy, titled Abuse, Neglect and Exploitation Policy, dated 1/31/24 showed: -It is the policy of the facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. -Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish, which can include staff to resident abuse and certain resident to resident altercations. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. -Physical abuse includes, but is not limited to hitting, slapping, punching, biting, and kicking. It also includes controlling behavior through corporal punishment. -The facility will make efforts to ensure all residents are protected from physical and psychosocial harm, as well as additional abuse, during and after the investigation. Examples include but are not limited to: Increased supervision of the alleged victim and residents, room or staffing changes to protect the resident from the alleged perpetrator. 1. Review of Resident #1's medical record on 6/2/25 showed: (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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Diagnoses included: Palliative care (specialized medical care that focuses on relieving the symptoms and stress of a serious illness), lung cancer, dementia (a group of thinking and social symptoms that interferes with daily functioning), chronic kidney disease (a progressive, irreversible condition where the kidneys are damaged and lose their ability to filter waste and fluids from the blood), chronic obstructive pulmonary disease (COPD, a group of lung diseases that block airflow and make it difficult to breathe), cellulitus (a bacterial skin infection affecting the deeper layers of the skin and underlying tissue, often caused by bacteria like Streptococcus or Staphylococcus entering through a break in the skin), major depressive disorder (a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life), anemia (a condition in which the blood doesn't have enough healthy red blood cells and hemoglobin, a protein found in red blood cells, to carry oxygen all through the body). Review of the resident's quarterly Minimum Data Set (MDS, a federally mandated assessment completed by staff) showed: -The resident has adequate hearing, clear speech, understands others and is able to make self understood; -He/She scored 8 on the Brief Interview for Mental Status (BIMS, a structured evaluation aimed at evaluating aspects of cognition in elderly patients). This score indicates moderately impaired cognitive impairment; -The resident has displayed no behaviors. Review of the resident's comprehensive care plan, dated 5/25/25, showed: - Interventions related to hospice care, activities of daily living, weakness, occasional verbal aggression, cognitive decline, risk for falls, nutrition, incontinence, pain related to lung cancer, and COPD. 2. Review of Resident #2's medical record on 6/2/25 showed: -The resident's diagnoses included: Dementia, age related physical debility, psychosis (a state where a person experiences a loss of contact with reality, often involving hallucinations and delusions, which are false perceptions and beliefs), anemia, pain, malnutrition, heart disease, osteoarthritis (a chronic degenerative joint disease that causes cartilage in the joints to break down over time). Review of the resident's annual MDS, dated [DATE], showed: -The resident has moderate difficulty hearing, clear speech, usually understands others and usually makes self understood; -He/She scored 6 on the BIMS, indicating severely impaired cognitive impairment; -He/She displayed verbal and physical behaviors. Review of the resident's comprehensive care plan, dated 5/25/25, showed: (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Interventions related to verbal and physical behaviors toward staff, altercations with another resident; -The resident doesn't like others touching him/her; -When the resident is in the dining room keep other resident's away; -Monitor the resident at meal times to keep from eating and drinking other resident's foods. Review of the facility investigation on 6/2/25 showed: -On 5/23/25 at 3:18 P.M., dietary staff notified nursing staff that Resident #2 had poured milk on and hit resident #1. The dietary aide heard Resident #1 yell out and and turned to see Resident #2 pour milk on Resident #1, and moved to intervene. Before the staff could reach the residents, Resident #2 hit Resident #1 in the head. The dietary staff member separated the residents and notified nursing staff. The charge nurse assessed the residents and no injuries were noted. The physician, administrator, director of nursing and responsible parties were notified of the incident. Resident #2 was moved to the memory care unit on 5/29/25, as it was determined the structured environment would be beneficial for the resident. During an interview on 6/2/25 at 12:56 P.M., the Administrator said: -He/She reviewed the camera footage from the dining room of the incident on 5/23/25. Resident #1 was sitting at the dining table, sleeping in his/her wheelchair. Resident #2 propelled him/herself in his/her wheelchair to the table, and took a drink of the glass of milk in front of Resident #1. Resident #1 awoke, reached out and bumped Resident #2's arm, causing Resident #2 to spill some milk. Resident #2 became upset and poured the milk on Resident #1. Resident #1 then became upset and yelled out. The dietary staff member heard the resident yell and headed to the residents' table. Before the staff member could reach the residents, Resident #2 hit Resident #1 in the head. The dietary staff separated the residents and informed the charge nurse of the incident. -The administrator instructed the staff to keep a close eye on Resident #2. On 5/27/25, the physician reviewed and adjusted Resident #2's medication. The physician also ordered a urine analysis (UA) for resident #2. On 5/28/25, the resident's UA was positive for infection and he/she was started on antibiotics. The charge nurse also spoke with Resident #2's responsible party, who approved the resident's move to the memory care unit, has he/she would benefit from the quiet, structured environment. The resident was moved to the secure unit on 5/29/25. -Staff were not instructed to place Resident #2 on closer supervision, such as 15 minute checks or one on one supervision, as neither resident recalled the incident or were targeting the other. -Resident #2 was not moved to the memory care unit until 5/29/25 as the facility was waiting for approval from the resident's responsible party. MO254735