

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265621	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Livingston Manor Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to lock the medication room narcotics cabinet, dispose of discharged resident's medications including narcotics, enter into inventory a controlled medication into the secure, computer-controlled medication dispensing cabinet, and ensure nursing staff accounted for and signed log sheets for medication room, controlled medications. The facility census was 24. Review of the facility policy, Medication Labeling and Storage, dated February 2023, showed: -If the facility has discontinued, outdated, or deteriorated medications or biologicals, the dispensing pharmacy is contacted for instructions regarding returning or destroying these items; -Compartments containing medications and biologicals are locked when not in use; -Medications are stored in an orderly manner in cabinets, drawers, carts, or automatic dispensing systems; -Controlled substances and other drugs subject to abuse are separately locked in permanently affixed compartments, except when using single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. Review of the facility policy, Discarding and Destroying Medications, dated [DATE], showed: -Medications that cannot be returned to the dispensing pharmacy including medications left by residents upon discharge are disposed of in accordance with federal, state, and local governing management of non-hazardous pharmaceuticals, hazardous waste, and controlled substances; -All unused controlled substances are retained in a securely locked area with restricted access until disposed of. 1. Review of the facility Change of Shift Narcotic Count sheet for the medication room, on [DATE], showed: i-Entry on [DATE] - the day shift nurse signed on duty and off duty with no night shift nurse signatures listed; -Entry on [DATE] - the night shift nurse signed on duty with no other signatures listed; -Entry on [DATE] - both day shift and night shift nurses signed on duty and off duty properly; -Entry on [DATE] - the night shift nurse signed off duty with no other signatures listed; -Entry on [DATE] - the day shift nurse signed on and off duty and the night shift nurse signed off duty; -Entry on [DATE] - the day shift nurse signed on duty with no other signatures listed; -No other entries and no other count sheets available or provided. 2. Observation of the medication room on [DATE] at 1:30 P.M., showed: -A large black lock box sitting on the counter, open, and contained 12 bottled prescription medications for a former resident who had been discharged over four months ago and Registered Nurse (RN) A said, he/she hasn't been here for a long time.; -A cartridge for the secure, computer-controlled medication dispensing cabinet, containing eight tablets of the controlled anti-anxiety medication Clonazepam 0.5 milligrams (mg) with the issued date of [DATE], in a large plastic bag, sitting on the counter. RN A said it has been sitting there since it came from the pharmacy. It goes in the secure, computer-controlled medication dispensing cabinet and doesn't have a count sheet.; -The medication (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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	narcotic count sheet had only seven dates with nurse activity noted and RN A said, you can tell we don't use it. We don't generally check the fridge and count because we don't get into it.;-The padlock for the controlled medication cabinet was unlocked;-A sealed bottle of liquid Lorazepam (a highly addictive medication to treat anxiety) and a sealed bottle of liquid Morphine (a highly addictive medication to treat pain) that belonged to a resident who had passed away two months ago;-A sealed bottle of liquid Haloperidol (a medication to treat psychosis) 15 milliliters (ml), a packet of 18 Zofran (medication used to treat nausea and vomiting) 4mg sublingual tablets, and a packed of six 650mg acetaminophen suppositories (medication used to treat mild pain and fever) that belonged to a resident who had discharge to another facility three weeks ago;-A card of seven Oxycodone (a highly addictive medication to treat severe pain) 5mg tablets and a card of 56 Immediate Release oxycodone 5mg tablets that belonged to a discharged resident;-A card of 14 Clonazepam sublingual 0.25mg tablets that belonged to a current resident but the order had been discontinued. During an Interview on [DATE] at 2:00 P.M., RN A said:-Nursing staff should check and sign the narcotic count sheet daily when going on and off shift;-The expired or discontinued medications should have been destroyed by now and it was a risk for diversion. 3.During an Interview on [DATE] at 2:20 P.M., the Director of Nursing (DON) said:-Nurses were supposed to check with oncoming and off going nurses to make sure the medication room narcotics and refrigerator narcotics are within time frames and dispose of, if necessary, together;-She would expect the nurses to complete narcotics counts and it would be a good idea to sign the sheet in the medication cart for the narcotics in the cart and sign the sheet in the medication room for the narcotics in the medication room/refrigerator;-The clonazepam cartridge should have been put in the secure, computer-controlled medication dispensing cabinet; -The medication box with the 16 prescription medications belonging to a discharged resident were expired and need to be destroyed;- Narcotic's should be destroyed after a resident passed away or was discharged , the narcotic count sheets should be signed by both staff. During an Interview on [DATE] at 3:16 P.M., the Administrator said:-The nursing staff should be signing the count sheets for controlled medications and narcotics in the medication room, both ongoing and off going nurses;-The narcotics should be disposed of properly;-Medications should be put in the secure, computer-controlled medication dispensing cabinet when delivered by the pharmacy and the receiving nurse should verify the count with the delivery person;-The cartridge of Clonazepam should be locked up if not inserted into the cabinet;-The locks on the cabinets and refrigerator should be locked at all times when not being utilized. Intake 3075430		