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	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Livingston Manor Care Center	939 East Birch Chillicothe, MO 64601

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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 - Many	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. Based on interviews and record review, the facility failed to ensure they employed a Registered Nurse (RN) for eight consecutive hours per day, seven days per week. The facility census was 31. The facility did not provide the requested nurse staffing policy.Review of the staffing sheets for January 2025 showed:- No RN scheduled for eight consecutive hours 01/01, 01/04, 01/05, 01/11,01/12, 01/18 and 01/19;Review of the staffing sheets for February 2025 showed:- No RN scheduled for eight consecutive hours 02/01, 02/02,02/08,02/09,02/15 and,02/23;Review of the staffing sheets for March 2025 showed:- No RN scheduled for eight consecutive hours 03/08,03/09,03/22,03/23.During an interview on 08/21/2025 at 11:46 A.M., the Administrator and the Director of Nursing (DON) said:- They should have an RN coverage eight hours a day, seven days a week.

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
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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure staff stored food in a sanitary manner and failed to maintain the kitchen in a sanitary manner. The facility census was 31.Review of the facility's Sanitation of Dining and Food Service Areas, undated., showed: The dining services manager will be responsible for ensuring the cleaning and sanitation is maintained in the kitchen and dining areas.- All staff will be trained on the frequency of cleaning.- A cleaning schedule will be posted for all cleaning tasks. - Observation of the kitchen on 08/18/25 at 10:46 A.M., showed: - Area under the three compartment sink covered with food debris;-The floor under the prep table covered with dirt and debris;-A metal storage rack above the prep table covered in dirt and dust;-A cake uncovered sat under the dirty and dusty metal storage rack;-The handles of the refrigerator covered with a sticky substance;- A black substance along the drain on the floor in the dish room;-A fan covered with dust and debris blew across a tray with open glasses with ice in them;-The trash can by the prep table with no lid;-A window by the prep table covered in dirt and debris; Dry storage:-A box containing 4 large cans of baked beans sat on the floor; The freezer:-An undated, opened package of sausage patties;-An undated opened package of chicken patties;-An undated opened package of French toast sticks. During an interview on 08/20/25 at 12:45 P.M., [NAME] A said:-Food should be dated and stored in a closed container;-The kitchen should be kept clean;-The kitchen staff try to work together to keep the kitchen clean;-Sometimes things fall through the cracks.During an interview on 08/20/25 at 01:45 P.M., the Dietary Manager said:-Food should be closed and dated;-The kitchen should be clean and sanitary;-The kitchen staff was responsible for cleaning the kitchen.During an interview on 08/20/25 at 02:15 P.M., the Registered Dietitian said:-Food should be stored in a safe and sanitary manner;-Food should be dated and kept in a closed container;-The kitchen should be kept clean and sanitary.During an interview on 08/20/25, at 02:26 P.M., the Administrator said:-She expected the dietary department to keep the kitchen clean;-She expected food to be stored properly;-She expected the dietary staff to take care of needs of the kitchen.

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F 0570 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assure the security of all personal funds of residents deposited with the facility. Based on record review and interviews, the facility failed to ensure they maintained a surety bond in an amount to cover any loss of theft to residents' money held in the facility's Resident Trust Fund (RTF) account which affected all residents who had money held in their RTF account. The facility census was 31. Review of the facility's Surety Bond Policy dated March 2021 showed:-This facility holds a surety bond to guarantee the protection of residents' funds managed by the facility on behalf its residents;-All funds entrusted to the facility for a resident are covered by the surety bond. Review of the RTF worksheet, completed on 08/21/2025, showed:-The average monthly balance for the facility's interest-bearing account was $36673.99;-The facility still held funds in the operating account for Resident #45 who was discharged from the facility on 10/20/24; -The approved bond amount for this average monthly balance (Grand Total rounded to the nearest thousand x 1.5 + $850.00 = required bond amount) should be at least $56,775.00. Review of the facility's surety bond rider dated August 21, 2025 showed:-An increase certificate to increase the bond amount from $55,000.00 to $60,000.00.-No approval letter from Department and Senior Services (DHSS) to increase the bond amount was found. During an interview on 08/21/25, at 1:05 P.M, the Corporate Administrator said:-The resident trust fund account was reconciled on 8/18/25:-She realized the bond amount needed to be increased;-She was aware 8/18/25 was the day the annual survey was started;-She sent the bond increase to the state on 8/18/25;-She could not find the email where she sent the bond increase to the state;-She did not have an approval letter for the bond increase. During an interview on 08/21/25, at1;10 P.M. the Administrator said she expects the bond amount to be sufficient.

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on interview and record review, the facility staff failed to implement their Abuse and Neglect policy when they failed to complete employee background checks prior to staff working with residents, failed to complete employee disqualification list (EDL) check for one employee, and failed to check the Certified Nurses' Assistant (CNA) Registry for all staff to ensure they did not have a Federal Indicator (a marker given by the federal government to individuals who have committed abuse/neglect). This affected eight of eight sampled staff (Licensed Practical Nurse (LPN) A, The Dietary Manager, Registered Nurse (RN) A, CNA A, Housekeeper A, [NAME] B, CNA B, and RN B). The facility census was 31.Review of facility Background Screening Investigations policy, revised March 2019, showed: -For any individual applying for a position as a certified nursing assistant, the state nurse aide registry is contacted to determine if any findings of abuse, neglect, mistreatment of individuals, and/or theft of property have been entered into the applicant's file; -The director of personnel, or designee, conducts background checks, reference checks and criminal conviction checks on all potential direct access employees and contractors. Background and criminal checks are initiated within two days of an offer of employment or contract agreement, and completed prior to employment. Review of LPN A employee file, showed: Employee hired on 5/22/25. Certified Nurse Aide Registry was not checked.2. Review of the Dietary Manager's employee file, showed:Employee hired on 6/1/25;Certified Nurse Aide Registry was not checked.3. Review of RN A employee file, showed:Employee hired on 4/30/25;Certified Nurse Aide Registry was not checked.4. Review of CNA A employee file, showed:Employee hired 9/11/24;Family Care Registry was not completed;Certified Nurse Aide Registry was not checked.5. Review of Housekeeper A employee file, showed:Employee hired on 1/10/25;Certified Nurse Aide Registry was not checked.6. Review of [NAME] B employee file, showed:Employee hired on 6/9/25;Certified Nurse Aide Registry was not checked.7. Review of CNA B employee file, showed:Employee hired on 6/10/25;EDL check completed on 7/29/25, after date of hire;Certified Nurse Aide Registry was not checked.8. Review of RN B employee file, showed:Employee hired on 2/5/25;Certified Nurse Aide Registry was not checked. During an interview on 08/21/2025 at 11:25 A.M. The Cooperate Administrator said she was unaware that the Certified Nurse Aide Registry needed to be checked for all employees. She was unable to find any documentation from the highway patrol for CNA A's background screening. CNA B did not have an initial EDL check completed upon his/her hire, just the quarterly EDL check.During an interview on 08/21/2025 at 11:18 A.M. the facility Administrator said if an employee is not in the family care safety registry she would call the employee to notify them that they need to register for the family care safety registry before they can begin working.

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to complete a discharge summary for two of 12 sampled residents, (Resident #39 and Resident #41). The facility census was 31. Review of the facility's policy for discharge summary and plan, revised December 2016, showed:- When a resident's discharge is anticipated, a discharge summary and post-discharge plan will be developed to assist the resident to adjust to his/her new living environment;- The discharge summary will include a recapitulation of the resident's stay at the facility and a final summary of the resident's status at the time of the discharge in accordance with established regulations governing release of resident information and as permitted by the resident. The discharge summary shall include: current diagnosis medical history (including any history of mental disorders and intellectual disabilities); course of illness, treatment and/or therapy since entering the facility; current laboratory, radiology, consultation, and diagnostic test results; physical and mental functional status; Ability to perform activities of daily living (ADLs) including: bathing, dressing and grooming, transferring and ambulating, toilet use, eating and using speech, language and other communication systems; the need for staff assistance and assistive devices or equipment to maintain or improve functional abilities and the ability to form relationships, make decisions including health care decisions, and participate (to the extent physically able) in the day- to- day activities of the facility; sensory and physical impairments (neurological, or muscular deficits); nutritional status and requirements: weight and height, nutritional intake, eating habits, preferences and dietary restrictions; special treatments or procedures (treatments and procedures that are not part of basic services provided); metal and psychosocial status (ability to deal with life, interpersonal relationships and goals, make health care decisions, and indicators of resident behavior and mood); discharge potential (the expectation of discharging the resident from the facility within the next three months); dental condition (the condition of the teeth, gums, and other structures of the oral cavity that may affect a resident's national status, communications abilities, quality of life and the need for and use of dentures or other dental appliances); activities potential (the ability and desire to take part in activity pursuits which maintain or improve physical, mental, and psychosocial well-being); rehabilitation potential (the ability to improve independence in functional status through restorative care programs); cognitive status (the ability to problem solve, decide, remember , and be aware of and respond to safety hazards); and medication therapy (all prescription and over- the - counter (OTC) medications taken by the resident including dosage, frequency of administration, and recognition of significant side effects that would be most likely to occur in the resident);- As part of the discharge summary, the nurse will reconcile all pre-discharge medication with the resident's post-discharge medications. The medication reconciliation will be documented;- Every resident will be evaluated for his/her discharge needs and will have an individualized post-discharge plan. 1. Review of Resident #39's admission Record dated 06/13/25 showed diagnoses included high blood pressure, diabetes, and impaired cognition. The facility did not provide the resident's Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff. The facility did not provide the resident's care plan. Review of the resident's medical record showed:- 06/13/25 - the resident was admitted to the facility;- 06/13/25 - the resident was sent to the hospital due to safety risk to self, residents, and (continued on next page)

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	staff;- 06/14/25 - the resident returned to the facility;- 06/16/25 - the resident was sent to the hospital, discharged , and ultimately sent to a facility in another town;- There was no full assessment;- There was no discharge summary. During an interview on 08/20/2025 at 10:50 A.M., the Social Services Director said:- There were no extra files or paperwork related to this resident;- The facility would normally send a bed hold policy and all other information with hospitalizations or discharges, but this hadn't been a typical situation;- The Resident had been onsite maybe 36 hours total and returned twice;- He/She would notify the ombudsman every month regarding discharges. During an interview on 08/21/2025 at 09:00 A.M., the Director of Nursing said: - If a resident went to the emergency room (ER), the facility would send a face sheet, physician orders, the bed hold policy, and it would be documented via an electronic discharge assessment;- If a resident was discharged , the facility would do a full skin assessment and a list of meds and send the meds with them, send all belongings, and a recapitulation which should be documented under nurse's notes. During an interview on 08/21/2025 at 11:00 A.M., the Administrator said:- Residents going to ER, the facility should send an ER transfer form, physician order sheets, the bed hold policy, and some other clinical items;- Information should be documented in narrative in notes and report called to hospital;- Residents going to discharge would include a copy of orders, discharge papers and assessment in point click care, follow up appointments for home health if needed, and the facility would meet with the resident to identify needs;- All information would be entered in the discharge paperwork and recapitulation which should be documented in section of nursing's charting that has recapitulation in the medical record. 2. Review of Resident's 41's discharge medical record showed: -The resident was admitted on [DATE] and discharged to a group home on 7/1/25; -No recapitulation of the resident's stay was completed; -Resident was being discharged from the facility to a group home; -There was no continuance of care or medications listed for the resident in the discharge chart; -There was no inventory sheet listed in the resident's discharge record. During an interview on 08/20/2025 at 10:58 A.M. the social service director (SSD) said since resident #41 was going to a different facility he did not think to send a discharge packet. During an interview on 08/21/2025 at 12:37 P.M. the DON said: -Resident's are to have a recapitulation of their stay completed upon discharge; -discharged residents are to be sent with a medication list, medications, full assessment, and their inventory sheet.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to assure staff provided proper respiratory care when oxygen or nebulizer tubing was not dated for four residents (Residents #4, #7, #18, and #32)., and additionally failed to ensure Continuous Positive Airway Pressure (CPAP) orders were initiated for Resident #9. The facility census was 31. Review of the facility's policy for CPAP/Bi-level Positive Airway Pressure (BiPAP) support, revised March 2015, showed:- The purpose is to provide the spontaneously breathing resident with continuous positive airway pressure, to improve arterial oxygenation in residents with respiratory insufficiency, obstructive sleep apnea, or restrictive/obstructive lung disease, and to promote resident comfort and safety.Review of the facility's policy for oxygen administration, reviewed 01/01/24, showed:- Oxygen is administered to residents who need it, consistent with professional standards of practice, the comprehensive person-centered care plans, and the resident's goals and preferences;- Oxygen is administered under orders of a physician;- Change oxygen tubing and cannula weekly and as needed if it becomes soiled or contaminated;- Change humidifier bottle when empty, every 72 hours or per facility policy. Use only sterile water for humidification;- Keep delivery devices covered in plastic bag when not in use.1. Review of Resident's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff dated 07/01/25 showed:- Cognitive skills severely impaired;- Dependent on the staff for oral hygiene, toilet use, showers, dressing, personal hygiene and transfers;- Diagnoses included: non-traumatic spinal cord dysfunction (any damage to the spinal cord that has not been caused by a major trauma) and cerebral palsy (CP, a neurological disorder caused by a non - progressive brain injury or malformation that occurs while the child's brain is under development) and anxiety. Review of Resident #4's care plan, dated 09/14/23 showed:- The resident had oxygen therapy as needed at night;- Change tubing weekly;- Oxygen settings: Oxygen at one to four liters via nasal cannula (1-4L/NC) as needed to keep oxygen saturation (O2 sats) above 90%;- Provide oxygen with humidification bottle;Review of Resident's physician order sheet (POS), dated 08/20/25, showed:- Start date: 11/09/23 - Change oxygen tubing weekly on Thursday nights and as needed;- Start date: 11/08/23 - Check O2 saturations during night shift and administer as needed oxygen for saturations less than 94%. Observation on 08/18/2025 at 12:28 P.M., showed: - Oxygen humidifier bottle and tubing not labeled; - Bag tied to concentrator to hold tubing dated 07/13/25.Observation on 08/20/2025 at 11:30 A.M., showed:- O2 concentrator and tubing have been removed from resident room.2. Review of Resident #7's care plan, dated 02/18/25 showed:- The resident had Emphysema (progressive lung disease where the air sacs (alveoli) in the lungs are damaged and destroyed, leading to shortness of breath, coughing, and wheezing an accumulation of fluid in the lungs);- Oxygen settings: O2 via nasal cannula at 2L per minute. Review of Resident's Quarterly MDS, dated [DATE] showed:- Cognitive skills intact;- Required substantial assistance from staff for toilet use, showers, dressing and transfers;- Diagnoses included: high blood pressure, diabetes, and respiratory failure.Review of Resident's POS, dated 08/20/25, showed:- Start date: 02/18/25 - Oxygen at 2L/NC every shift;- Start date: 04/02/25 - Clean residents CPAP machine weekly, every Monday.Observation on 08/18/25 at 09:52 A.M., showed:- The resident not in room at this time;- The resident had oxygen tubing undated and in contact with the floor and humidifier bottle undated. Observation on 08/18/25 at 02:42 P.M., showed:- The resident sat in his/her wheelchair;- The resident had oxygen on at 2L/NC and the oxygen tubing was not dated. During an interview on 08/18/25 at 02:42 P.M., the Resident said:- The oxygen tubing had been on there awhile and when the tubing plastic gets hard he/she had nursing staff change it;- Didn't like it and made him/her want to get sick because of all the germs;- His/her spouse had been at the hospital since Sunday with pneumonia; - Nursing staff would clean his/her CPAP and change the hose every four to six months;- It pissed him/her off.Observation on 08/19/2025 at 08:03 A.M., showed:- The resident sat in the (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	dining room with oxygen concentrator plugged in and running with oxygen tubing and humidifier bottle still undated. Observation on 08/20/2025 at 11:30 A.M., showed:- The resident sat in recliner with oxygen concentrator running with oxygen tubing and humidifier bottle still undated;- Nebulizer tubing dated 06/25.3. Review of Resident #18's care plan, dated 06/20/25, showed:- The resident had oxygen therapy related to Congestive Heart Failure (CHF, condition where the heart can't pump enough blood to meet the body's needs, causing fluid to build up in various organs like the lungs and legs, leading to symptoms such as shortness of breath and swelling);- Oxygen settings: O2 via nasal cannula at 2L per minute as needed.Review of Resident's Comprehensive MDS, dated [DATE], showed:- Cognitive skills intact;- Dependent on the staff for oral hygiene, toilet use, showers, dressing, personal hygiene and transfers;- Diagnoses included: high blood pressure, heart failure, and diabetes.Review of Resident's POS, dated 08/21/25, showed:- Start date: 06/20/25 - Oxygen therapy 2L per minute daily as needed.Observation on 08/18/25 at 11:17 A.M., showed: - The resident not in room at this time;- The resident had oxygen tubing undated and in contact with the floor and humidifier bottle undated.Observation on 08/19/2025 at 07:53 A.M., showed: - The resident not in room at this time;- The resident had oxygen tubing undated and in contact with the floor and humidifier bottle undated.4. Review of Resident #32's care plan, dated 02/11/23, showed:- The resident had Hospice Care related to diagnosis of lung cancer;- The resident had Chronic Obstructive Pulmonary Disease (COPD, progressive lung disease that includes emphysema and chronic bronchitis, making it difficult to breathe) related to history of smoking;- Nursing staff should monitor for signs and symptoms of acute respiratory insufficiency;- Nursing staff should give aerosol or bronchodilators as ordered.Review of Resident's Comprehensive MDS, dated [DATE], showed:- Mild cognitive impairment;- Required substantial assistance from staff for toilet use, showers, dressing and transfers;- Diagnoses included: COPD, depression, and high blood pressure.Review of Resident's POS, dated 08/20/25, showed:- Start date: 09/28/23 - Change nebulizer tubing as needed if used and clean machine on Thursday;- Start date: 01/17/24 - Monitor oxygen saturation every shift related to COPD.Observation on 08/18/25 at 10:00 A.M., showed:- The resident sat in wheelchair with nebulizer tubing dated 07/13/25 and in contact with the floor. 5. Review of Resident #9's care plan, dated 05/08/24, showed:- The resident had Emphysema related to smoking;- Nursing staff should monitor for signs and symptoms of acute respiratory insufficiency;- Nursing staff should give aerosol or bronchodilators as ordered;- No care plan interventions related to CPAP.Review of Resident's Comprehensive MDS dated [DATE], showed:- Cognitive skills intact;- Shortness of breath or trouble breathing when lying flat;- Required substantial assistance from staff for toilet use, showers, dressing and transfers;- Diagnoses included: COPD, seizures, and high blood pressure.Review of Resident's POS, dated 08/19/25, showed:- No order entered for CPAP;- No order entered for CPAP machine or tubing care.Review of Resident's after visit hospital notes, dated 04/30/24, showed:- Resident was seen related to COPD and sleep apnea;- Specialist verified resident had COPD and sleep apnea;- Resident to continue using CPAP and began a new inhaler.Review of Resident's provider progress notes, dated 10/31/24, showed:- Severe COPD;- Patient to use CPAP.Observation on 08/19/25 at 08:30 A.M., showed:- The resident sat up in recliner with feet elevated;- The resident had CPAP machine sitting on dresser with no date on tubing and no water in reservoir.During an interview on 08/19/2025 at 08:30 A.M., the Resident said:- His/her CPAP machine leaks water and was broken during the move to the facility and hasn't worked since arriving;- He/She can't use the CPAP due to it being broken and the facility hasn't mentioned fixing or replacing it; - He/She had trouble breathing at night due to sleep apnea and will stop breathing at night for a long time; - Not having the CPAP makes him/her feel not very good and would like it fixed so he/she can use it.During an interview on 08/20/25 at 08:10 A.M., the Resident said:- Nursing staff tried to use the CPAP last night and it's a death trap, water went everywhere;- Nursing staff just shut it down and decided not to use it and just left it in the room;- He/She was upset about not being able to use it since being at the facility.During an interview on 08/21/2025 at 08:30 A.M., Registered Nurse (RN) B said: - Night shift nurses are (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	responsible for changing the oxygen and nebulizer tubing every Thursday night;- Nursing staff know to do this from orientation;- All tubing should have tape on it with the date written on it;- All tubing should be changed weekly, dated, and stored in dated bags;- If a CPAP machine wasn't working properly, he/she would tag it and check the water level;- Regarding Resident #9, he/she moved and tagged it because there was no order in the POS but there must have been an order sometime;- He/She called the company listed on the machine and found they had orders for the settings so, he/she faxed the provider. - He/She would look up orders for oxygen or CPAP on the POS;- Orders brought in on progress notes should absolutely be entered on the POS as soon as nursing staff get the notes;- Residents with as needed oxygen orders don't usually have a concentrator in their room unless they need it. The facility will keep the concentrators in the oxygen room;- He/She pulled Resident #4's concentrator out because the resident hasn't used it in about 6 months (had undated tubing on it first day onsite).During an interview on 08/21/2025 at 09:00 A.M., the Director of Nursing (DON) said: - The night shift nurses are responsible for changing oxygen and nebulizer tubing every Thursday. It will pop up on the treatment administration record (TAR); - There should be an order on the POS to change the tubing;- The tubing should be changed weekly and should be dated, initialed by the nurse, and stored in bags;- A broken CPAP machine should be tagged out and removed from the room. The supplier needs called and we can get replacement through a local pharmacy if not local to make sure the resident doesn't go too long without it.- There should be an order in the POS if a resident has an order for oxygen, nebulizer, or CPAP;- An order in provider progress notes should be entered on the resident POS. There is a two-step verification by nurses that the order is put in;- Residents with as needed oxygen orders don't have concentrators kept in their rooms all the time. The facility would keep the concentrator in the oxygen storage room.During an interview on 08/21/2025 at 11:00 A.M., the Administrator said:- Night shift nurses are responsible for changing oxygen and nebulizer tubing. The order should pop up on their TAR because there should be an order on the POS;- All tubing should be changed monthly, but don't hold me to that, and it should be dated;- If a resident's CPAP was not working staff should notify the DON and myself along with provider of machine and remove from the resident's room;- There should be an order for CPAP, oxygen, and nebulizer on the POS;- Any orders from providers should go on the POS and there should be feedback from providers on rounds to ensure orders were put in;- Providers should meet with us after rounds and ideally they will enter their orders into PCC;- As needed oxygen concentrators in a resident's room depends on if they use it frequently. Oxygen storage room otherwise.

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	265621	A. Building B. Wing	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Livingston Manor Care Center	939 East Birch Chillicothe, MO 64601

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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. Based on observation, interview, and record review, the facility failed to ensure follow policy and ensure medications were stored at the proper temperatures and conditions to preserve their integrity when nursing staff did not check the medication room refrigerator temperature daily. The facility census was 31.Review of the facility's policy for storage of medications, revised November 2020 showed:- The facility stores all drugs and biologicals in a safe, secure and orderly manner;- The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner.Observation of the medication refrigerator in the medication room on 08/20/2025 at 09:45 A.M., showed: - No refrigerator temperature log sheet on refrigerator and no log book available in medication room;- No thermometer in the refrigerator;- Freezer was a block of ice and needed defrosted;- Contents of the refrigerator included: four bottles of liquid lorazepam, one bottle of suppositories, one box of Performist inhalation vials, one box of Ozempic injectors, one box of Prolia injectors, two boxes of influenza vaccine prefilled syringes, three Lantus injectors, one Humalog injector, two Humulin injectors, five boxes of tuberculin vials, and three bottles of opened wine.During an interview on 08/20/2025 at 09:45 A.M., Registered Nurse (RN) B said:- He/She wasn't sure where the temperature log was and wasn't sure who was supposed to check the refrigerator temperature;- He/She was told that housekeeping would be responsible for checking the medication room refrigerator temperature;During an interview on 08/20/2025 at 10:26 A.M., Certified Medication Technician (CMT) A said: - He/She believed housekeeping checked the temperature of the medication room refrigerator but was corrected by RN B who said nurses are to check the temperature at shift change;Observation of the medication room refrigerator on 08/21/2025 at 07:15 A.M., showed:- Temperature log had been placed on the refrigerator dated as starting on 08/20/25;- Thermometer had been placed in refrigerator reading 48 degrees;- Freezer remained frozen over to almost a block of ice.During an interview on 08/21/2025 at 08:30 A.M., RN B said:- Now it's the nurse coming on who is responsible for checking the medication room refrigerator temperature;- The refrigerator temperature should be checked daily and there is a sheet on the refrigerator now;- The Director of Nursing would keep the finished sheets in his/her office.During an interview on 08/21/2025 at 09:00 A.M., the DON said: - The nurses and medication technicians were responsible for checking the medication room refrigerator temperature;- The refrigerator temperature should be checked daily.During an interview on 08/21/2025 at 11:00 A.M., the Administrator said:- Charge nurses and CMT's would be responsible for checking refrigerator temperature and signing the temperature log; - The refrigerator temperature should be checked daily.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure that menus were posted in advance and followed. This effected three out of 12 sampled residents (Resident #5, #28 and #34). The facility census was 31. Review of the facility's Menu Planning policy, dated 2020, showed:-Meals are planned in advance;-Planned menus take into consideration the food habits of all residents.Review of the Resident Self Determination and Participation policy, dated 2020, showed:-Residents have the right to choose activities, schedules, health care, and providers of health care services consistent with his or her interests, assessments, and plan of care;-Residents have the right to make choices about aspects of his or her life in the facility that are significant to the resident. 1.Review of Resident #5's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 07/12/25, showed:-Severe cognitive impairment;-Minimal assistance for transfers, bathing, locomotion, toileting and eating;-Diagnoses included: Alzheimer's Disease, atrial fibrillation (an irregular heart beat) and depression.Review of the resident's updated care plan showed:-Self care deficit related to Alzheimer's Disease;-Impaired decision making.2. Review of Resident #28's quarterly MDS, dated [DATE], showed:-Severe cognitive impairment;-Minimal assistance for transfers, bathing, locomotion, toileting and eating;-Diagnoses included Alzheimer's Disease, cancer and anemia.Review of the resident's updated care plan showed:-Self care deficit related to Alzheimer's Disease;-Impaired decision making.3. Review of Resident #28's annual MDS, dated [DATE], showed:-Severe cognitive impairment;-Minimal assistance for transfers, bathing, toileting and eating;-Diagnoses included dementia and anxiety. Review of the resident's updated care plan showed:-Self care deficit related to dementia;-Impaired decision making.Observation of the memory care unit on 08/18/2025 at 12:23 P.M., showed:-Lunch Menu, breaded pork chop, au gratin potatoes, zucchini and tomatoes, cornbread and frosted poke cake;-No alternates were listed on the menu board.Observation of Lunch on the memory care unit on 08/18/25 at 12:35 P.M., showed:-Residents #5, #28 #34 were served, ham, cauliflower and Jello with fruit.Observation of lunch on the memory care unit on 08/18/25 at 12:35 P.M., showed:-Residents #5, #28 #34 were served, ham, cauliflower and Jello with fruit. During an interview on 08/18/25 at 1:37 P.M., Resident #5's family member said:-He/She is with the resident at the facility daily for meals; -The resident never gets a menu;-No staff have asked the resident if he/she likes what is on the menu;-No staff have asked the resident's family member what the resident's likes and dislikes are.-He/She has told the aides what the resident would like for the meal;-The kitchen did not bring what was ordered for the resident;-The staff said they did not know why the resident did not get what he/she ordered.During an interview on 08/18/2025 at 2:02 P.M. the Dietary Manager (DM) said:-The resident's have a choice of what they eat;-The activity director asks the residents what they would like to eat;-If the residents are unable to tell us what they want staff will contact family.-She was not sure who was in charge of talking to family members about food choices;-The wrong menu was posted in the memory care unit;-The menu should be changed every day;-The dietary department is responsible for changing the menus;-An alternate menu should be posted.During an interview on 08/18/2025 at 2302 P.M. the Activities Director said:-The resident's have a choice of what they eat;-She does not ask the resident's on the memory care unit what they would like to eat for meals;-The kitchen staff were responsible for that.Intake #2586257

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. Based on observations, record review, and interviews, the facility failed to ensure staff prepared foods designed in a way to meet the needs of individual residents when they did not ensure the puree (a texture-modified diet in which all foods have a soft, pudding-like consistency) food had a smooth and appropriate consistency. This affected one resident (Resident #15) identified by the facility as having orders for a pureed diet. The facility census was 31. Review of the facility's Purred Food Preparation Policy, dated 2020, showed:-Pureed foods will be prepared using standardized recipes to ensure quality, flavor and palatability;Pureed foods will be the consistency of applesauce or mashed potatoes.1. Review of Resident #15's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 06/18/25, showed:-Severe cognitive impairment;-Extensive assistance of two staff for transfers, bathing, locomotion, toileting and eating;-Coughing and pain while swallowing;-Diagnoses included seizure disorder, diabetes and high blood cholesterol.A review of the resident's care plan, revised 06/29/25, showed:-The resident was on a pureed diet.A review of the resident's Physician Order Sheet (POS), dated August 2025, showed the resident had an order for a pureed diet.Review of the purred meal recipe for 08/20/25 showed:-3 ounces (oz) pureed beef roast;-3 oz pureed mashed potatoes;-3 oz pureed spinach.Observation of meal preparation for lunch on 08/20/24, at 11:41, A.M., showed:- [NAME] A began preparing the pureed lunch meal; - He/she placed 3 oz of cooked potatoes into the food processor;- He/she then turned on the food processor and began adding gravy and blended until it was the desired consistency;- The mixture was thick with visible pea sized chunks in it.Observation of lunch service on 08/20/25, at 12:55 P.M., showed:-Resident #15 served his/her pureed meal that were thick and had chunks in it;-Resident #15 did not eat the spinach;-Resident #15 was having difficulty chewing the potatoes.Observation of pureed lunch meal on 08/20/25, at 1:08 P.M., showed:- Pureed potatoes were very thick and allowed a spoon to remain standing with particles of food of the that required chewing and were hard to swallow.During an interview on 08/20/25 at 01:36 P.M., [NAME] A said:- Pureed food should be a smooth, pudding-like consistency with no chunks or particles; - He/she had not realized the pureed food was chunky;- Pureed food should be easy to swallow.During an interview on 08/20/25 at 01:45 P.M., the Dietary Manager said:- Pureed food should be a smooth, pudding-like consistency with no chunks or particles; - Pureed food should be easy to swallow.During an interview on 08/20/25 at 02:15 P.M., the Registered Dietitian said:-Pureed diet should be easy to chew;-Pureed diet should not contain hard, touch, chewy, fibrous, seeds, husks, or food particles;-Pureed diet should be a smooth texture.During an interview on 08/20/25, at 02:26 P.M., the Administrator said:- There should not be chunks of food in the pureed food;- Pureed food should not be lumpy;- Pureed food should not be hard to swallow.

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F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to establish and maintain a system that assured a full and complete, separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf when monthly personal funds reconciliation showed a negative balance and when the facility failed to reimburse the residents and/or their responsible party after the resident was discharged .This affected one of 12 sampled residents (Resident #45). The facility census was 31. Review of the facility's Conveyance of Resident Funds policy dated March 2021 showed:-Any funds on deposit with the facility are refunded to the resident, the resident representative, or the resident's estate, upon discharge, eviction or death as applicable;-The resident's personal funds and a final accounting of funds are returned to the resident, the resident's representative or to the resident's estate as, applicable, with in 30 days from the date of the resident' discharge from the facility or death.Review of Interim Aged Analysis Summary, dated July 2025 showed:-Resident #45 (discharged [DATE]), had an owed balance of $850.00 in facility's operating account.During an interview on 08/21/2025 at 12:19 P.M, the Business Office Manager (BOM) said:-There should be no owed balance in the residents account;-Funds should be returned within 30 days of discharge from the facility.During an interview on 08/21/25 at 12:48 P.M. Administrator said:-There should be no owed balance in the residents account;-Funds should be returned within 30 days of discharge from the facility.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on record review and interview, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections, when the facility failed to have a documented water management program. The facility census was 31. Review of the monitoring water supply to minimize outbreaks of Legionella Bacteria Contamination policy, dated 12/12/2019, showed:-It is the policy of the facility to maintain water management controls through the use of risk assessments, water management program and water management program team meetings so as to minimize the possibility of a Legionella outbreak in residents through contamination of the facility water system. During an interview on 08/20/2025 at 11:35 A.M. The Maintenance Supervisor said: - He tests the waters PH monthly;- He does not perform Legionella testing;- He does not document a water management plan with interventions or risk assessments;