STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265665	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hill Crest Manor	801 South Colby Hamilton, MO 64644

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 - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on interview and record review, the facility failed to ensure residents remained free from accident hazards when one resident (Resident #1) eloped from the facility through an unsecured and unalarmed exit door. This affected one of four residents sampled. The facility census was 54. On 6/27/25 the Administrator was notified of the past noncompliance situation which occurred on 6/7/25. On 6/7/25 an investigation immediately began and corrective actions were implemented. The noncompliance was corrected on 6/10/25. Review of the facility policy, Wandering and Elopements, revised March 2019, showed: - The facility will identify residents who are at risk of unsafe wandering and strive to prevent harm while maintaining the least restrictive environment for residents; - The residents' care plan will include strategies and interventions to maintain the resident's safety; - If a resident is missing, initiate the elopement/missing resident emergency procedure; - If the resident was not authorized to leave, initiate a search of the building and premises; Review of the facility policy, Resident Rights, undated, showed: - Resident has right to a safe, clean, comfortable and homelike environment and supports for daily living safely; - The facility maximizes resident independence and does not pose a safety risk; 1. Review of Resident #1's admission Record, dated 6/8/25, showed: - Diagnosis: dementia, depression, Alzheimer's disease, and stage 3 chronic kidney disease; Review of Resident's progress notes, showed: - Note dated 6/7/25 at 7:30 P.M. showed the resident eloped from facility; (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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Note dated 6/7/25 at 11:36 P.M. showed an elopement evaluation was completed and the resident is at risk for elopement; - Note dated 6/7/25 at 11:40 P.M. showed the resident a mental status screening completed that indicates resident has severe cognitive impairment; - Note dated 6/8/25 at 2:46 P.M. showed the physician gave an order to transfer the reisdent to another facility; Review of Resident's Care Plan, revised 6/8/25, showed: - Resident is an elopement risk/wanderer with impaired safety awareness; - Relocation to a more appropriate placement with assessment; - Distract resident from wandering by offering pleasant diversions structured activities; - Monitor location frequently and document wandering behavior and attempted diversional interventions; - Resident placed on 1:1 monitoring 6/7/25; Review of facility elopement investigation, dated 6/8/25, showed: - Resident eloped from the facility on 6/7/25; - Resident has a guardian; - Resident exited the south exit door without staff observance at 7:25 P.M. The door was unlocked and the alarm which initially sounded once the door was opened reset once the door closed; - A resident who witnessed the elopement contacted CNA (A) who then contacted LPN (A) to initiate a complete building search for the resident; - At 7:35 P.M. a former employee in town saw the resident, called the facility to let them know the were bringing the resident back to the facility. At 7:45 P.M. the resident returned to the facility; - Weather was clear, it was 70 degrees Fahrenheit outside, and the resident was fully clothed with shoes on when they departed and returned to the facility; - A full physical and psychosocial assessment was done on the resident with no concerns noted; - It was determined that the resident traveled one third of a mile on foot from the facility before he/she was returned; (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Root cause of the incident as determined by the investigation: Resident was able to exit the facility without staff in pursuit, the door alarm ceased to sound once the door closed following the resident's exit, the door/alarm system had been disengaged; Observation on 6/27/25 at 9:20 A.M., showed the south side exit doors opened by a staff member, the alarm sounded and is audible at the charge nurses station and in the the hallway. The alarm would not silence until a staff member entered a keycode into the keypad; During an interview on 6/27/25 at 9:38 A.M., the Maintenance Director said: - The former system was old and for some reason was disengaged which allowed the alarm to reset as soon as the door was closed which was not how the system was intended to work; - Elopement drills have been conducted with staff for training; - He does approximately 10 daily door checks to ensure the system is working properly which entails making sure the alarm system is engaged properly and the doors lock function as intended; - On 6/10/25 a new keypad and locking mechanism was installed. The new system was tested by the installation team and the Maintenance Director to make sure the locking system engages properly and the alarm system does not reset unless a staff member enters a key code into the door keypad; During an interview on 6/27/25 at 10:14 A.M, LPN (B) said: - He/she is the charge nurse on morning shift and checks to make sure the doors are locked; - If the alarm goes off he/she will check the doors to investigate; During an interview on 6/27/25 at 10:30 A.M. the Social Services Director (SSD) said: - She has been here for three years and elopements are very uncommon; - She verified that the resident did elope on 6/7/25 and was gone for about 20 minutes before a former staff member returned him/her to the facility. Staff were unaware initially that the resident had eloped until a resident alerted them and an immediate search was conducted; - The facility did an elopement drill earlier this month and they are conducted quarterly; - The alarm is now more audible for the staff to hear; - The doors have been improved to be more reliable; - When a door is opened the alarm will keep sounding until a staff member enters a code into the keypad; - They have done recent in-services on keeping doors locked, abuse and neglect, and elopement; During an interview on 6/27/25 at 11:45 A.M., the Administrator said: (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- A resident should not be able to exit the building without staff knowledge if they are not their own person; - Doors with the exception of egress doors, should be locked at all times; - Resident #1 did not sustain any injuries or harm during the incident; - Interventions that have been put in place since the incident: every resident had an elopement assessment completed and updated in their care plans, education on the elopement binder and policies, education on abuse and neglect, education on interventions for elopement, review of staff break policy, new keypad and door system installed for the facility, alarm volume adjusted for easier staff identification, daily door checks instituted for staff, resident transferred after approval received from Public Administrator (guardian) and physician to another facility that better matched the resident's needs and population, ADHOC Quality Assurance Committee Meeting conducted to review the issue and provide solutions, and monthly monitoring by QA; - All inserving and corrective actions were completed as of 6/10/25. MO255491