

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265698	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Nick's Health Care Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 253 East Highway 116 Plattsburg, MO 64477	

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 - 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** 44395</p> <p>Based on interview and record review, the facility failed to protect one Resident's (Resident #1) right to be free from abuse when Resident#2, hit Resident #1 in the face causing bodily injury to Resident #1. The deficient practice affected one out of five sampled residents. The facility census was 67.</p> <p>Review of the facility provided policy titled, Abuse and Neglect, dated 6/12/24 showed:</p> <ul style="list-style-type: none"> -Abuse is the willful infliction of injury; -Purposefully beating, striking, wounding or injuring any resident; -The facility will identify and correct, by providing interventions, in which abuse, neglect, or misappropriation are more likely to occur; -The facility desires to prevent abuse, neglect and theft by establishing a resident sensitive and resident secure environment; -As part of the resident social history assessment, staff will identify residents with increased vulnerability for abuse or who have needs and behaviors that might lead to conflict; -Assess the environment for circumstances which may make abuse, neglect or misappropriation of resident items more likely to occur; -Residents who allegedly mistreat another resident will be removed from contact with the resident during the course of the investigation. <p>1. Review of Resident #1's Quarterly Minimum Data Set (MDS: a federally mandated assessment tool) completed by facility staff, dated 1/14/25 showed:</p> <ul style="list-style-type: none"> -Brief Interview of Mental Status (BIMS) of 1 indicated significant cognitive deficits; -Behaviors not directed at others such as rummaging, scratching, and pacing, one to three of seven days; <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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Rejection of care, one to three of seven days.</p> <p>Review of the resident's Comprehensive Care Plan dated 1/14/25 showed:</p> <p>-He/She had a behavior problem of going through peers belongings and taking things that do not belong to him/her;</p> <p>-Staff were to ensure protective oversight, anticipate and meet the resident's needs, provide positive interactions, monitor behaviors and provide a program of activities.</p> <p>Review of Resident #2 Quarterly MDS dated [DATE] showed:</p> <p>-BIMS of 9 indicated moderate cognitive loss;</p> <p>-No behaviors;</p> <p>-Diagnoses of Major Depressive Disorder (a mental health condition characterized by persistent feelings of sadness, loss of interest, and other symptoms that significantly interfere with daily life), Traumatic Brain Injury (an injury to the brain caused by an outside physical force, such as a blow, bump, fall, or car accident), anxiety, crushing injury to the head, pain and insomnia.</p> <p>During an interview on 2/4/25 at 1:02 P.M. Resident #2 said:</p> <p>-He/She had told Resident #1 to stay out of his/her things multiple times;</p> <p>-He/She could not take Resident #1 going through his/her things any more and hit Resident #1 in the face;</p> <p>-He/She reported to staff immediately after he/she hit Resident #1;</p> <p>-He/She should not have hit Resident #1 and he/she was sorry.</p> <p>Review of Resident #1's progress notes showed on 1/31/25 at 10:49 A.M. the resident was observed on the floor, lying on his/her back. Resident #2 was asked to leave the room for safety. Resident #1 had blood on his/her face, an abrasion to his/her right hand and verbalized he/she had been hit in the face. The resident's Nurse Practitioner was notified and the resident was sent to the hospital for evaluation.</p> <p>Review of Resident #1 Electronic Medical Record showed:</p> <p>-He/She was admitted to an area hospital on 1/31/25;</p> <p>-His/Her Radiology report dated 1/31/25 of the right shoulder: Indication of shoulder pain after trauma, and limited range of motion (ROM: the normal movement range of a joint). Impression was a non-displaced fracture of the junction of the humeral head and neck. (a bone break at the top of the upper arm bone, where the fracture fragments have not moved out of position).</p> <p>(continued on next page)</p>		

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F 0600 Level of Harm - Actual harm Residents Affected - Few	<p>-His/Her Radiology report dated 1/31/25 for computed topography (CT scan) of the head: Indication of head injury. Impression was a right nasal bone fracture;</p> <p>-Hospital records dated 1/31/25 showed he/she was involved in an altercation with his/her roommate and was struck in the face.</p> <p>Observation on 2/4/25 at 11:45 A.M. showed Resident #1:</p> <p>-Right eye orbit (area surrounding the eye and eyelids) was purple/green/yellow in color from the bridge of the nose to the right temple into the top of the cheek;</p> <p>-Right arm was in sling, held at a 90 degree angle across his/her body.</p> <p>During an interview on 2/4/25 at 11:45 A.M. Resident #1 said he/she did not remember what happened to cause the bruise and arm sling.</p> <p>During an interview on 2/4/25 at 12:47 P.M. the Social Service Director said:</p> <p>-After the incident he/she walked with Resident #2. Resident #2 reported Resident #1 would not get out of his/her things and had struck out at Resident #2;</p> <p>-Resident #2 did not tell him/her Resident #1 was going through his/her things, prior to this event;</p> <p>During an interview on 2/14/25 at 12:48 P.M. Licensed Practical Nurse (LPN) A said:</p> <p>-He/She was the Charge Nurse on 1/31/25 when Resident #2 reported he/she had struck Resident #1;</p> <p>-Resident #1, was found sitting on the floor, had a bloody nose and complained of shoulder pain;</p> <p>-Resident #1 was immediately sent to a local hospital for evaluation;</p> <p>-He/She has had education at least yearly on abuse;</p> <p>-Abuse is reported immediately to the Administrator and/or Director of Nursing;</p> <p>-He/She immediately texted the Administrator and Director of Nursing after the incident, as they were not in the facility.</p> <p>During an interview on 2/14/25 at 1:47 P.M. Certified Medication Technician said:</p> <p>-He/She had abuse training at the time of hire, on line training about every 3 months and in person training about 2 weeks ago;</p> <p>-Any abuse should be reported to the Administrator immediately.</p> <p>During an interview on 2/4/25 at 2:45 P.M. the Administrator said:</p> <p>(continued on next page)</p>		

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F 0600 Level of Harm - Actual harm Residents Affected - Few	<ul style="list-style-type: none"> -Staff texted notification to him and the DON immediately after the event occurred. -Resident #2 had no previous outbursts or aggressive behaviors; -The residents were moved apart 1/31/25; -The incident between Resident #1 and #2 was intentional and therefore was abuse. MO248880