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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>265730 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>06/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Eastview Manor Care Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1622 East 28th Street<br>Trenton, MO 64683 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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| <p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>47195</p> <p>Based on observation, interview and record review, the facility failed exercise reasonable care for the protection of resident's property to prevent loss or theft when staff did not ensure resident property was accounted for, labeled and/or returned to the resident. This impacted six of six surveyed residents (Residents #1, #2, #3 and #5) The facility census was 88.</p> <p>Review of facility policy, Safe and Homelike Environment Policy, dated 2024, showed:</p> <p>-In accordance with resident's rights, the facility will provide a safe, clean, comfortable, and homelike environment, allowing the residents to use his or her personal belongings to the extent possible.</p> <p>- The facility staff should exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>Review of facility policy, resident rights, dated 2024, showed:</p> <p>-Resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.</p> <p>-Resident may retain and use personal clothing and possessions as space permits.</p> <p>1. Review of Resident #1's quarterly minimum data set (MDS), a federally mandated assessment tool completed by facility staff, dated 7/26/24, showed:</p> <p>-He/She had clear speech, was able to make self-understood and understand others.</p> <p>-He/She had intact cognition.</p> <p>-He/She had impairment on one side of upper and lower extremities.</p> <p>-He/She was dependent on a wheelchair.</p> <p>-He/She was dependent on staff for dressing, and transfers.</p> <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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Review of personal effects inventory, dated 10/28/23, showed:</p> <ul style="list-style-type: none"> <li>-Resident had no shirts, socks, undergarments, socks/stockings that were inventoried.</li> <li>-He/She had only inventoried 5 pairs of pants.</li> </ul> <p>During an interview on 8/3/24 at 2:21 P.M., Resident said:</p> <ul style="list-style-type: none"> <li>-He/She was missing laundry.</li> <li>-He/She was missing a jacket with showed sunrise masonry with long sleeves.</li> <li>-He/She was missing a red and black sweater that he/she saw on another resident in facility and then he/she never saw it again.</li> <li>-His/Her charger for his/her razor.</li> <li>-His/Her cologne.</li> <li>-He/She had talked to multiple administrators about the issue including current administrator and previous administrator.</li> <li>-He/She cannot locate his/her long pants.</li> <li>-He/She had pants return with cigarette burns and he/she does not smoke.</li> </ul> <p>2. Review of Resident #2's quarterly minimum data set (MDS), a federally mandated assessment tool completed by facility staff, dated 6/29/24, showed:</p> <ul style="list-style-type: none"> <li>-He/She had clear speech, was able to make self-understood and understand others.</li> <li>-He/She had intact cognition.</li> <li>-He/She had impairments on both sides of lower extremities.</li> <li>-He/She was dependent on a wheelchair.</li> <li>-He/She was independent with toileting and mobility.</li> </ul> <p>Review of personal effects inventory, dated 5/8/23, showed:</p> <ul style="list-style-type: none"> <li>-He/She had 9 tops on his/her inventory, 2 pairs of slippers, 1 brown coat.</li> <li>-He/She had no pants/bottoms that were included on the inventory.</li> </ul> <p>During an interview on 8/3/24 at 2:33 P.M., resident said:</p> <ul style="list-style-type: none"> <li>-He/She sometimes was missing personal items from laundry.</li> </ul> <p>(continued on next page)</p> |

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| <p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>-He/She was missing Capri including colors of gray, navy, brown and black.</p> <p>-He/She has told staff about missing items.</p> <p>3. Review of Resident #3's quarterly minimum data set (MDS), a federally mandated assessment tool completed by facility staff, dated 6/16/24, showed:</p> <p>-He/She had clear speech, was able to make self-understood and understand others.</p> <p>-He/She had intact cognition.</p> <p>During an interview on 8/3/24 at 2:45 P.M., Resident said:</p> <p>-He/She had lost clothes.</p> <p>-He/She notified housekeeping of missing items, and they told him/her they would look for items.</p> <p>-He/She was missing socks.</p> <p>-He/She was missing a shirt that was white with black print of a goat on it.</p> <p>-He/She was not sure if his clothes had his/her name in them.</p> <p>-Facility did not offer to replace his/her missing items.</p> <p>4. Review of Resident #5's quarterly minimum data set (MDS), a federally mandated assessment tool completed by facility staff, dated 8/4/24, showed:</p> <p>-He/She had clear speech, was able to make self-understood and understand others.</p> <p>-He/She had intact cognition.</p> <p>-He/She was independent with dressing, eating, and mobility.</p> <p>Review of personal effects inventory, dated 11/10/23, showed:</p> <p>-He/She had a blue and gray T-shirt.</p> <p>-He/She had black sweat pants, did not show how many residents had.</p> <p>-He/She had white tennis shoes, did not show brand or size.</p> <p>-He/She had maroon winter coat, did not show brand or size.</p> <p>-Did not include the description of or number of pairs of socks.</p> <p>During an interview on 8/3/24 at 2:55 P.M., Resident said:</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>-He/She was missing a pair of black pants.</p> <p>-He/She could not keep socks while living in facility as they never came back from laundry.</p> <p>-He/She had limited clothing items and did not have full outfit sets because of missing items.</p> <p>-Facility staff said they would order clothes, but nobody ever did.</p> <p>During an interview on 8/4/24 at 3:00 P.M., CNA A said:</p> <p>-There was not anyone working in laundry for a long time period until recently.</p> <p>-He/She was aware that laundry was going down the laundry chute with no resident's name on their personal items which is why resident's laundry was not being returned to them.</p> <p>During an interview on 8/4/24 at 3:20 P.M., Laundry Aide said:</p> <p>-He/She had found that missing personal items were a big issue in the laundry department.</p> <p>-The facility had no form or structure when he/she started working in laundry department a month ago.</p> <p>-New residents' personal items should go directly to be inventoried.</p> <p>-Staff are supposed to put all personal items into shower room so that staff can label all personal items.</p> <p>-Night shift staff were supposed to be completing personal laundry and hanging them so he/she can return items to residents during the day shift, but that was not occurring currently.</p> <p>-Facility did not have hangars to provide for resident personal items, so items just stayed in basement.</p> <p>-Facility had a no name rack in basement laundry department and a cart full of no named personal items in the basement.</p> <p>-He/She requested a laser label maker to mark all personal items from the administrator.</p> <p>-He/She received a new labeler two weeks ago.</p> <p>During an interview on 8/4/24 at 4:41 P.M., Administrator said:</p> <p>-He/She had obtained a labeler for personal items to be tagged.</p> <p>-The laundry aide had been trying to get everyone's personal items labeled.</p> <p>-He/She was aware of three racks of clothes in the basement that were unlabeled resident personal items.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-He/She expected new residents personal belongings to be labeled, washed, and inventoried upon admission.</p> <p>-His/Her expectation was when a resident was missing personal items for staff to go to laundry and sift through the three racks of unlabeled personal items.</p> <p>MO238107</p> |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>47195</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents received the necessary services to maintain good grooming and personal hygiene when showers were not provided twice a week which affected four residents (Resident #1, #2, #5, and #6) of six sampled residents. The facility census was 88.</p> <p>Review of facility policy, activities of daily living (ADL), dated 2024, showed:</p> <p>-The facility will, based on the resident's comprehensive assessment and consistent with resident's needs and choices, ensure a resident's abilities in ADLS do not deteriorate unless deterioration is unavoidable.</p> <p>-Care and services will be provided for the following activities of daily living:</p> <p>1. Bathing, dressing, grooming and oral care</p> <p>-A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, personal, and oral hygiene.</p> <p>Review of facility policy, resident's rights, dated 2024, showed resident has the right to a dignified existence.</p> <p>1. Review of Resident #1's quarterly minimum data set (MDS), a federally mandated assessment tool completed by facility staff, dated 7/26/24, showed:</p> <p>-He/She had clear speech, was able to make self-understood and understand others;</p> <p>-He/She had intact cognition;</p> <p>-He/She had impairment on one side of upper and lower extremities;</p> <p>-He/She was dependent on a wheelchair;</p> <p>-He/She required substantial/maximal assistance with toileting, bathing, personal hygiene</p> <p>-He/She was dependent for dressing, and transfers</p> <p>-Diagnoses included stroke (a condition resulting in damage to the brain from interruption of its blood supply), diabetes (condition resulting in too much sugar in the blood), stroke, hemiplegia (a condition that involves muscle weakness or partial paralysis on one side of the body that can affect the arms, legs, and facial muscles), anxiety, and depression</p> <p>Review of care plan, dated 10/10/23, showed the resident had an ADL self-care performance deficit due to stroke and uses wheelchair.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Review of one page shower log provided by facility staff during on site visit showed resident received showers on 7/2, 7/6, 7/12, 7/19, and 7/22.</p> <p>Review of shower log book in shower room showed:</p> <ul style="list-style-type: none"> <li>-He/She was scheduled to receive showers on Mondays and Thursdays;</li> <li>-Shower was received on 6/6, 6/14, 6/17, 7/1, 7/8, 7/12, 7/22, and 8/1.</li> <li>-He/She did not receive schedule shower on 6/3, 6/10, 6/20, 6/24, 6/27, 7/4, 7/15, 7/18, 7/25, and 7/29;</li> <li>-He/She received a shower only eight of eighteen opportunities from June 1, 2024-August 2, 2024.</li> </ul> <p>During an interview on 8/3/24 at 2:21 P.M., resident said:</p> <ul style="list-style-type: none"> <li>-He/She was supposed to get two showers per week;</li> <li>-He/She had only received one shower per week in July, two in June, and one in May;</li> <li>-The shower aide was pulled to other jobs so showers were not getting done;</li> <li>-He/She felt dirty, scroungy (messy or unkempt) and it lowered his/her self-esteem when he/she did not receive his/her showers on a regular basis.</li> </ul> <p>2. Review of Resident #2's quarterly minimum data set (MDS), a federally mandated assessment tool completed by facility staff, dated 6/29/24, showed:</p> <ul style="list-style-type: none"> <li>-He/She had clear speech, was able to make self-understood and understand others;</li> <li>-He/She had intact cognition;</li> <li>-He/She had impairments on both sides of lower extremities;</li> <li>-He/She was dependent on a wheelchair;</li> <li>-Diagnoses included chronic obstructive pulmonary disease (a lung disease that blocks airflow making it difficult to breathe), heart failure, high blood pressure, seizure disorder, schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly).</li> </ul> <p>Review of care plan, dated 6/21/23, showed:</p> <ul style="list-style-type: none"> <li>-Resident had an ADL self-care performance deficit due to history of broken right ankle. Resident uses wheelchair but may ambulate to and from meals with walker.</li> <li>-Assist resident with ADLS and ambulation as needed. Watch for shortness of breath and match level of assistance to residents current energy level.</li> </ul> <p>(continued on next page)</p> |   |  |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Review of one page shower log provided by facility staff during on site visit showed resident received showers on 7/5, 7/9, 7/12, 7/23 and 7/30.</p> <p>Review of shower log book in shower room showed:</p> <ul style="list-style-type: none"> <li>-He/She was scheduled to receive showers on Tuesdays and Fridays;</li> <li>-Shower was received on 6/5, 6/7, 6/12, 6/22, 7/5, 7/9, 7/23, and 7/30;</li> <li>-Shower was not received on 6/14, 6/18, 6/25, 6/28, 7/2, 7/12, 7/16, 7/19, 7/26, and 8/2</li> <li>-He/She received eight of eighteen opportunities for showers from June 1, 2024 to August 2, 2024.</li> </ul> <p>During an interview on 8/3/24 at 2:33 P.M., resident said:</p> <ul style="list-style-type: none"> <li>-Every time it was his/her shower day they pulled the shower aide to help cover staffing on the floor;</li> <li>-His/Her last shower was in June;</li> <li>-During the week of June 12, 2024-June 22, 2024 he/she had no showers;</li> <li>-Certified Nurse Aide (CNA) A was staff member whom usually did his/her showers;</li> <li>-He/She felt terrible when he/she did not get his/her showers;</li> <li>-During the month of July he/she received maybe one shower per week;</li> <li>-He/She would like to receive two to three showers per week.</li> </ul> <p>3. Review of Resident #5's quarterly minimum data set (MDS), a federally mandated assessment tool completed by facility staff, dated 8/4/24, showed:</p> <ul style="list-style-type: none"> <li>-He/She had clear speech, was able to make self-understood and understand others;</li> <li>-He/She had intact cognition;</li> <li>-He/She required supervision or touching assistance with baths and personal hygiene;</li> <li>-He/She was independent with dressing, eating, and mobility;</li> </ul> <p>-Diagnoses included, high blood pressure, renal insufficiency (condition resulting in the kidneys losing the ability to remove waste and balance fluids), Parkinsons disease (a disorder of central nervous system that affects movement and often includes tremors), schizophrenia, obesity, sleep apnea, and mild cognitive impairment (condition in which people have more memory or thinking problems than other people their age).</p> <p>Review of care plan, dated 10/27/23, showed:</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-Provide opportunities for the resident to make simple choices with ADL care;</p> <p>-Resident was independent with ADL's;</p> <p>-Provide protective oversight and assist where needed.</p> <p>-Resident had impaired cognitive function;</p> <p>-Keep resident's routine consistent and try to provide consistent care givers as much as possible to decrease confusion.</p> <p>Review of one page shower log provided by facility staff during on site visit showed resident received showers on 7/9, 7/19, 7/23, and 7/30.</p> <p>Review of shower log book in shower room showed:</p> <p>-Shower was received on 6/5, 6/7, 6/12, 6/15, 7/23 and 7/30.</p> <p>-Review of shower schedule showed resident was scheduled Tuesday and Fridays;</p> <p>-Review of shower schedule highlighted weekly pages showed he/she did not receive a shower on 6/18, 6/20, 6/25, 6/28, 7/2, 7/5, 7/9, 7/12, 7/15, 7/26, and 8/2.</p> <p>-He/She received shower only six of eighteen opportunities from 6/1/24 to 8/2/24.</p> <p>During an interview on 8/3/24 at 2:55 P.M., resident said:</p> <p>-He/She was not receiving his/her showers as scheduled;</p> <p>-CNA A said he/she was going to get him/her shower then he/she was pulled to floor to work and did not give him/her a shower;</p> <p>-His/Her last shower was on 7/30/24;</p> <p>-He/She had to go without receiving showers some weeks;</p> <p>-He/She felt stinky when he/she did not receive his/her shower;</p> <p>-He/She may go ten days without shower.</p> <p>4. Review of Resident #6's quarterly minimum data set (MDS), a federally mandated assessment tool completed by facility staff, dated 7/22/24, showed:</p> <p>-He/She had unclear speech;</p> <p>-He/She was usually understood and had clear comprehension of others;</p> <p>-He/She had severe cognitive impairment;</p> <p>(continued on next page)</p> |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-He/She had impairment to one side of upper and lower extremities;</p> <p>-He/She was dependent for toileting, bathing, dressing, personal hygiene, and transfers;</p> <p>-Diagnoses included renal insufficiency insufficiency (condition resulting in the kidneys losing the ability to remove waste and balance fluids) , diabetes (a condition resulting in too much sugar in the blood), hemiplegia (condition resulting in muscle weakness or partial paralysis on one side of the body), anxiety disorder, schizophrenia, and asthma (a condition in which a person's airways become inflamed, narrow and swell, and produce extra mucus which makes it difficult to breathe).</p> <p>Review of care plan, 1/26/23, showed:</p> <p>-The resident has an ADL self-care performance deficit due to /T Stroke. Resident uses broda chair and is currently a 2 assist for all ADLs/Hoyer lift for transfers;</p> <p>-The resident requires 2 assist by staff to move between surfaces.</p> <p>Review of one page shower log provided by facility staff during on site visit showed resident received showers on 7/1, 7/8, and 7/25.</p> <p>During an interview on 8/3/24 at 3:01 P.M., the resident said:</p> <p>-Staffing was low in the facility and it made it really hard for staff to get anything done for him/her;</p> <p>-He/She had received some bed baths, but he/she preferred to receive showers;</p> <p>-He/She would get a bed bath once a week, but would prefer to get showers or bath two times a week;</p> <p>-The shower aide who assisted with his/her shower often gets pulled to the floor and could not do the showers.</p> <p>Review of the shower log book in shower room showed, CNA A hand wrote:</p> <p>-No showers were given 5/27 due to being pulled to floor;</p> <p>-He/She was off work on 6/3 and 6/4 and no showers were given;</p> <p>-He/She worked night shift on 6/18, 6/20, and 6/21 so no showers were given;</p> <p>-No showers were completed July 15, 2023 to July 19, 2023 due to shower aide being pulled to floor;</p> <p>-No showers were give 8/2/24 due to being pulled to floor by administrator.</p> <p>During an interview on 8/3/24 at 4:45 P.M., Certified Medication Technician (CMT) A said:</p> <p>-There was days when residents showers were missed;</p> <p>(continued on next page)</p> |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-If staff did not get to provide showers for residents then those showers were made up the next day;</p> <p>-The shower aide had been pulled to help cover floor due to facility being short staffed.</p> <p>During an interview on 8/4/24 at 3:00 P.M., CNA A said:</p> <p>-He/She worked in facility as primary shower aide;</p> <p>-Facility was short staffed and as a result he/she got pulled to work on floor 1-2 times every week;</p> <p>-He/She maintained shower logs in the shower rooms of facility which included a skin assessment form;</p> <p>-He/She had residents on a rotation of Mondays and Thursdays or Tuesdays and Fridays or some residents who were a heavy assist were scheduled for Wednesdays;</p> <p>-He/She usually got pulled to the floor on Mondays and Thursdays, so residents scheduled on Mondays or Thursdays typically only received one shower per week;</p> <p>-He/She completed two different shower sheets that could be found in shower book in shower room.</p> <p>During an interview on 8/4/24 at 3:12 P.M., CNA B said:</p> <p>-He/She had residents state they did not get their shower;</p> <p>-Showers are documented on shower sheet;</p> <p>-He/She was aware that some residents were not receiving their showers.</p> <p>During an interview on 8/4/24 at 4:41 P.M., Administrator said:</p> <p>-He/She expected that residents should receive two showers a week at minimum;</p> <p>-He/She was not aware that residents were not receiving showers twice weekly;</p> <p>-He/She pulled the shower aide on 8/2/24 to cover floor due to staffing;</p> <p>-The shower aide was pulled from doing showers sometimes one time weekly;</p> <p>-He/She expected staff to try to make up showers that were missed;</p> <p>-He/She expected the aides to help out and complete showers if the shower aide was off work.</p> <p>MO238107</p> |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47195</p> <p>Based on observation, interviews, and record review, the staff failed to ensure residents remained free from accident hazards and failed to provide adequate supervision to prevent accidents when a dedicated staff member who was responsible for providing one on one supervision to one resident (Resident #1) did not keep resident within eyesight and he/she was able to tie a string around his/her neck while using the bathroom. The facility census was 85.</p> <p>Review of facility policy, accidents and supervision policy, dated 2024, includes the resident environment will remain as free of accident hazards as possible. Each resident will receive adequate supervision and assistive devices to prevent accidents.</p> <p>Review of facility policy, intensive monitoring, dated 2024, showed:</p> <ul style="list-style-type: none"> <li>-Residents who require more intensive monitoring due to crisis, behavioral/psychiatric symptoms will be monitored by facility staff.</li> <li>-One on one monitoring a designated employee assigned by a facility supervisor. Residents who require intensive monitoring of one to one will have a dedicated staff member within eyesight.</li> <li>-Residents who require intensive monitoring of one to one will have an assigned employee within eyesight until resident had stabilized or returned to prior level of function. Educated on the reasoning for the intensive monitoring, including triggers and interventions for the specific resident. The employee will interact with the resident throughout to receive therapeutic interventions.</li> </ul> <p>1. Review of resident #1's quarterly minimum data set (MDS), a federally mandated assessment tool completed by facility staff, dated 4/11/24, showed:</p> <ul style="list-style-type: none"> <li>-He/She was cognitively intact;</li> <li>-He/She had clear speech, was able to make self-understood and understand others;</li> <li>-He/She had delusions;</li> <li>-He/She had physical, verbal, and other behavioral symptoms targeted towards others 1-3 days;</li> <li>-He/She was independent with toileting;</li> </ul> <p>-Diagnoses included post traumatic stress disorder (a condition in which a person had difficulty recovering after experiencing or witnessing a terrifying event), bipolar disease (disorder associated with episodes of mood swings ranging from depressive lows to manic highs), borderline personality disorder (a condition characterized by unstable moods, behavior, and relationships).</p> <p>Review of care plan, dated 6/7/24, showed:</p> <p>(continued on next page)</p> |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>-Resident had long history of mental illness and frequent psychiatric hospitalizations; He/She was kicked out of facility due to aggressive property damage and cutting self;</p> <p>-Resident had history of behavioral challenges that require protective oversight in a secure setting;</p> <p>-Resident had 15 acute psychiatric hospitalizations due to non-suicidal self harm behaviors;</p> <p>-Resident had history of actual suicide attempts by cutting self and overdosing on pills;</p> <p>-Resident had history of self-injurious behaviors;</p> <p>-Assess resident for suicidal or homicidal ideations to ensure safety of self and others;</p> <p>-Resident [NAME]-suicide severity rating scale assessment deemed he/she was low risk for suicide;</p> <p>-Begin behavior monitoring;</p> <p>-Resident had altercation with peer in dining room. Resident placed on one on one for protective oversight;</p> <p>Review of [NAME]-suicide severity rating scale (a questionnaire used for suicide assessment), dated 6/13/24, showed:</p> <p>-In past month he/she did wish he/she was dead or wished he/she could go to sleep and not wake up;</p> <p>-He/She had not thought about killing self in last month;</p> <p>-He/She had never done anything, started to do anything, or prepared to do anything to end his/her life;</p> <p>-Low risk score was 0-4, resident scored a 2 which indicated he/she was a low risk to suicide.</p> <p>Review of progress notes, dated 5/1/24 to 6/18/24, showed:</p> <p>-6/7/24, resident had altercation with peer in dining room. Resident was placed on one on one for protective oversight;</p> <p>-6/8/24, resident remained on protective oversight;</p> <p>-6/9/24, resident remained on protective oversight;</p> <p>-6/10/24, resident remained on protective oversight;</p> <p>-6/11/24, resident expressed wanted to go off protective oversight, resident advised he/she needed to go longer of being behavior free before he/she could go off one on one supervision, resident remained on one on one supervision;</p> <p>(continued on next page)</p> |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>-6/11/24 at 7:02 P.M., Licensed Practical Nurse (LPN) A wrote a code green called to resident's room. When nurse arrived resident was laying on his/her left side in bathroom and CMT A was trying to pull resident out of bathroom. CMT A stated that resident had a string around his/her neck and the nurse took a scissors out of his/her pocket and cut string off of resident's neck. Resident noted to have blood on his/her nose and red mark around his/her neck. Resident never stopped breathing or lost consciousness. String removed and full assessment was done.</p> <p>Review of facility investigation showed:</p> <p>-On 6/7/24 resident had an altercation in the dining room where he/she started hitting peer with closed fist.</p> <p>-Resident was separated and escorted to room where he/she was placed on one on one protective oversight</p> <p>During an interview on 6/18/24 at 9:38 A.M., Director of Nursing (DON) said the Resident was placed on one on one staffing as a result of behaviors that occurred on 6/7/24 with altercation with his/her peer;</p> <p>During an interview on 6/18/24, Certified Nurse Aide A said:</p> <p>-He/She was providing one on one supervision to resident on 6/11/24 from 3:00 P.M.-7:15 P.M.;</p> <p>-Resident went into the bathroom and did not turn on light;</p> <p>-Resident's bathroom door was left open;</p> <p>-His/Her chair was positioned right in front of doorway of the bathroom in resident's room;</p> <p>-He/She looked away at resident's roommate and did not have his/her eyes on resident in bathroom;</p> <p>-He/She heard resident hit the wall in bathroom and turned around and found resident was in front of toilet and wedged between wall and toilet;</p> <p>-Resident had tied a string completely around his/her neck;</p> <p>-He/She notified facility staff of emergency and Certified Medication Technician (CMT) A responded to the room;</p> <p>-He/She and CMT A tried pulling resident out of bathroom;</p> <p>-Resident did not turn blue or any colors with string around his/her neck;</p> <p>-Once resident was got up off the floor resident started responding to staff;</p> <p>-Resident was not sent to the hospital.</p> <p>During an interview on 6/18/24 at 4:08 P.M., DON said:</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>-He/She expected staff on one on one supervision to be right next to resident within an arm length to resident;</p> <p>-He/She expected staff to maintain a visual eye contact of resident;</p> <p>-Bathroom door was to remain open for staff to be able to monitor resident while on one on one supervision;</p> <p>-CNA A had said he/she had turned around to talk to resident's roommate about something when resident was able to tie string around his/her neck unobserved;</p> <p>During an interview on 6/18/24 at 4:23 P.M., Licensed Practical Nurse (LPN) A said:</p> <p>-He/She responded to resident's room on 6/11/24;</p> <p>-He/She found resident was laying in bathroom on his/her right side;</p> <p>-He/She used her scissors to cut the cord loose from neck;</p> <p>-String was tied tight enough in a knot that he/she had to stick his/her fingers under the string in order to cut the string loose from resident's neck;</p> <p>-The string left a red mark around resident's neck and turned his/her neck pink;</p> <p>-Resident was observed breathing during incident;</p> <p>-Resident was on a one on one supervision during time of tying string around his/her neck;;</p> <p>-He/She notified resident's guardian, Director of Nursing, and Administrator at time of incident;</p> <p>-He/She completed a full set of vitals on resident;</p> <p>-Resident was able to move his/her neck;</p> <p>-Resident stated he/she would not go to the hospital.</p> <p>During an interview on 6/18/24 at 4:43 P.M., Administrator said:</p> <p>-He/She expected staff to be within arms length reach of resident who are on protective oversight at all times;</p> <p>-Resident should never be left alone long enough to tie a string around his/her neck;</p> <p>MO237756</p> |   |  |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47195</p> <p>Based on observation, record review, and interview the facility failed to prepare and serve food in accordance with professional standards for food service safety when staff failed to keep a clean kitchen, failed to temperature check foods, failed to maintain foods at a safe holding temperature during food service, failed to store pitchers inverted, failed to keep food preparation surface free from staff personal items, failed to maintain the faucet temperature at a comfortable temperature, and failed to ensure staff washed their hands when contaminated. The facility census was 85.</p> <p>1. Review of facility policy, food temperatures, dated 2024, showed:</p> <ul style="list-style-type: none"> <li>-Foods will be served at proper temperature to ensure food safety;</li> <li>-Record reading on food temperature chart form at the beginning of the tray line and during the tray line if temperatures do not meet acceptable serving temperatures, reheat the product or chill the product to proper temperature. Take the temperature of each pan before serving;</li> <li>-If temperatures are not at acceptable levels and cannot be corrected in time for meal service, make an appropriate menu substitution and discard out of temperature range foods;</li> <li>-Cold food needs to be put in the freezer 1/2 hour to 3/4 hour prior to meal service. Put cold food on ice;</li> <li>-Foods can only be on steam table for two hours.</li> </ul> <p>Observation in kitchen on 6/18/24 at 9:52 A.M. showed the breakfast temperature logs were not documented. Observation showed [NAME] A preparing to write down temperatures on log when he/she noted they had not been filled in.</p> <p>During an interview on 6/18/24 at 9:52 A.M. [NAME] A said:</p> <ul style="list-style-type: none"> <li>-He/She had not written down breakfast temperatures anywhere;</li> <li>-He/She did not remember the temperatures;</li> <li>-He/She should temperature check food items thirty minutes before service to ensure food was at right temperature, when he/she took food out of the oven.</li> </ul> <p>Observation in kitchen on 6/18/24 at 11:55 A.M. showed food temperatures were taken:</p> <ul style="list-style-type: none"> <li>-Corn casserole 182.0 Fahrenheit (F);</li> <li>-Pulled pork 201 degrees F;</li> <li>-Baked beans 164.7 degrees F;</li> </ul> <p>(continued on next page)</p> |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>-Creamed corn 163.7 degrees F;</p> <p>-Chopped pulled pork 152.3 degrees;</p> <p>-Pureed pulled pork 126.1 degrees, puree was placed back in oven;</p> <p>-Food temperatures were not recorded on log.</p> <p>Continuous observation in kitchen on 6/18/24 showed:</p> <p>-12:01 P.M. corn casserole added to robot coupe and milk added;</p> <p>-12:11 P.M., pureed corn casserole remained in robot coupe;</p> <p>-12:15 P.M., hamburgers removed from oven, set on top of stove, were not temperature checked;</p> <p>-12:22 P.M., hamburgers remain sitting on top of oven, were not temperature checked;</p> <p>-12:27 P.M., pureed corn removed from robot coupe and added to oven;</p> <p>-12:29 P.M., baked beans added to robot coupe;</p> <p>-12:38 P.M., Dietary Aide C dishes up first plate for meal service, he/she did not temperature check food on steam table, food was last temperature checked at 11:55 A.M.;</p> <p>-12:42 P.M., fruit added to robot coupe;</p> <p>-12:45 P.M., fruit removed from robot coupe;</p> <p>-1:07 P.M., food had not been temperature checked;</p> <p>-1:09 P.M., hall trays were started;</p> <p>-1:24 P.M., steam table moved to the unit.</p> <p>Observation of test tray on 6/18/24 at 1:49 P.M., showed:</p> <p>-Corn casserole 133.2 degrees F;</p> <p>-Pulled pork 106.6 degrees F;</p> <p>-Baked beans 119.2 degrees F;</p> <p>-Corn bread 76.0 degrees F;</p> <p>-Fruit salad 56.8 degrees F.</p> <p>During an interview on 6/18/24 at 3:50 P.M., Dietary Manager said:</p> <p>(continued on next page)</p> |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>-Food service should not serve any food below 135 degrees;</p> <p>-He/She expected food to be cooked to temperature;</p> <p>-He/She expected food to be temperature checked when it came out of oven, and temperature checked again to ensure food stayed above 135 degrees;</p> <p>-He/She was not aware of food temperature issues;</p> <p>-Food temperatures should be documented after the temperature was taken;</p> <p>-He/She expected food that was not at proper temperature should be reheated back to appropriate holding temperature.</p> <p>During an interview on 6/18/24 at 4:58 P.M., Administrator said:</p> <p>-He/She expected staff to temperature check foods after cooking and on steam table;</p> <p>-He/She expected food temperatures to be logged right away.</p> <p>2. Review of facility policy, operation, and sanitation of equipment, dated 2024, showed:</p> <p>-all surfaces and equipment shall be washed with a sanitizing solution;</p> <p>-Dish machine: after each meal, clean machine according to cleaning procedure.</p> <p>-Remove debris and rinse interior of machine;</p> <p>-Wipe exertion of machine. Dry and polish with cloth;</p> <p>Weekly:</p> <p>-Clean dish machine interior and exterior with de-liming solution.</p> <p>-Dishwashing procedure:</p> <p>-Scrape food garbage from dishes into garbage disposal;</p> <p>-Spray dishes with pre-rinse sprayer. Pre-rinsing of all dishes and utensils is an important part of the dishwashing operation to prevent food soil in the wash water.</p> <p>-Freezer: defrost freezer frequency as necessary;</p> <p>-Garbage and Trash cans;</p> <p>-All food waste must be placed in covered garbage and trash cans;</p> <p>-Oven: Sanitation frequency: daily</p> <p>(continued on next page)</p> |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <ul style="list-style-type: none"> <li>-Wipe cool over exterior and interior with wet cloth;</li> <li>-Remove and scrape drip pans, send through dishwasher cycle and allow to air dry;</li> <li>Frequency: weekly:</li> <li>-Wipe oven exterior</li> <li>-Use oven cleaner, spray sides, interior and oven doors;</li> <li>-Sanitation of equipment: Frequency: daily:</li> <li>-Wipe up spills on shelves, sides, and floors of refrigerator;</li> <li>-use clean sanitizing solution and clean cloth;</li> <li>-Wash doors, inside and out doorframe and front, and gaskets.</li> <li>-Counters: use a mild detergent and water. Rinse shelves with a clean rag and dry.</li> <li>-Floor: thoroughly sweep and mop all areas and corners;</li> <li>-Stove Top: After each meal: when cool, wipe off burner grids using clean cloth and detergent;</li> <li>-Walls and Ceilings: walls and ceilings must be free of chipped and peeling paint;</li> <li>-Walls and ceilings must be washed thoroughly at least twice a year. Heavily soiled surfaces must be cleaned more frequently and as required. It is important to repair peeling paint areas as soon as they appear.</li> </ul> <p>Review of facility pest treatments showed treatment was provided on 5/10/24, 5/3/24 with cockroach gel bait placed, 4/12/24, 3/8/24, 2/9/24, and 1/19/24.</p> <p>Observation on 6/18/24 at 9:55 A.M. showed:</p> <ul style="list-style-type: none"> <li>-Dead roach was lying on top of low temperature rinse solution underneath the dish sanitizer area;</li> <li>-Clean dish racks that were used in dishwasher were sitting directly on floor;</li> <li>-Walls behind dish sanitizer had pink substance across wall, spilled food caked to wall;</li> <li>-Ceiling above dishwasher was cracked and peeling;</li> <li>-Top of dish washer had dust, and caked on food residue sitting on it;</li> <li>-Floors of kitchen and around dish washer had food on them and had not been swept;</li> <li>-Food preparation table had pieces of lettuce on it;</li> </ul> <p>(continued on next page)</p> |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>265730 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>06/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Eastview Manor Care Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1622 East 28th Street<br>Trenton, MO 64683 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <ul style="list-style-type: none"> <li>-Food preparation surfaces had food particles and crumbs;</li> <li>-Dust and food particles were caked to top of sugar and flour containers that were on shelf below food preparation area;</li> <li>-Food was caked to bottom of oven;</li> <li>-Handles of stove and oven were greasy and coated with grime;</li> <li>-Laminated menus and a three hole punch on the food preparation area beside oven were coated in grime and grease;</li> <li>-Bottom of freezer had food crumbs and pieces of broccoli;</li> <li>-Ice was coming out of two doors of freezer and needed to be thawed.</li> </ul> <p>Observation on 6/18/24 at 11:59 A.M. showed an empty box was sitting on top of trash can by hand washing sink.</p> <p>Observation in kitchen on 6/18/24 at 12:29 P.M. showed cigarettes and keys laying on counter by toaster oven.</p> <p>Observation in kitchen on 6/18/24 at 12:42 P.M., showed [NAME] B sat box full of food directly on top of griddle of stove top.</p> <p>Observation in kitchen on 6/18/24 at 12:53 P.M. showed food was stuck to serving spoon that had already been ran through dishwasher.</p> <p>Observation in kitchen on 6/18/24 at 1:17 P.M. showed trash was being added to box that sat on top of trash can beside hand washing sink.</p> <p>During an interview on 6/18/24 at 3:50 P.M., Dietary Manager said:</p> <ul style="list-style-type: none"> <li>-He/She had issues with roaches in the kitchen;</li> <li>-Facility had been treating bug issues with a pest control company coming out to spray;</li> <li>-He/She required staff to send him/her pictures every day of kitchen to ensure cleanliness;</li> <li>-He/She expected kitchen to be cleaned in between meals and before staff leave their shifts;</li> <li>-Dish racks have been stored on floor ever since he/she became dietary manager;</li> <li>-He/She did not have shelving to store dish racks on;</li> <li>-Items should not be stacked on top of trash cans;</li> <li>-Trash should be taken out immediately.</li> </ul> <p>(continued on next page)</p> |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>During an interview on 6/18/24 at 4:58 P.M., Administrator said:</p> <ul style="list-style-type: none"> <li>-He/She expected the kitchen to be maintained in sanitary conditions;</li> <li>-No items should be stored on floor;</li> <li>-Items should not be stacked on top of trash can.</li> </ul> <p>3. Review of facility policy, dry storage -dishes and utensils, dated 2024, showed:</p> <ul style="list-style-type: none"> <li>-Bowls, pans, cups, and steam table pans will be stored upside down when not in use.</li> </ul> <p>Observation on 6/18/24 at 9:59 A.M. showed pitchers were stored up right and were not inverted to protect from dust and debris.</p> <p>During an interview on 6/18/24 at 3:50 P.M., Dietary Manager said:</p> <ul style="list-style-type: none"> <li>-Pitchers should be stored inverted.</li> </ul> <p>During an interview on 6/18/24 at 4:58 P.M., Administrator said:</p> <ul style="list-style-type: none"> <li>-He/She expected the kitchen to be maintained in sanitary conditions.</li> </ul> <p>4. No policy was obtained on hot water temperatures.</p> <p>Observation in kitchen on 6/18/24 at 11:55 A.M. showed hand washing sink had a temperature of 149.0</p> <p>Observation on dining room of special care unit on 6/18/24 at 1:45 P.M. showed multiple staff complaining that water was burning hot when they washed their hands.</p> <p>During an interview on 6/18/24 at 1:45 P.M., Housekeeping supervisor said water was burning hot.</p> <p>During an interview on 6/18/24 at 1:46 P.M., Certified Medication Technician (CMT) A said water was too hot and burned his/her hands. During an interview on 6/18/24 at 3:50 P.M., Dietary Manager said:</p> <ul style="list-style-type: none"> <li>-He/She was not aware of water temperatures being too hot.</li> </ul> <p>5. Review of facility policy, hand washing and glove use, dated 2024, showed:</p> <ul style="list-style-type: none"> <li>-Hand washing was a priority for infection control;</li> <li>-Hands must be washed prior to beginning work, after using restroom, after smoking, when working with different food substances, following contact with unsanitary surface.</li> </ul> <p>Observation in kitchen on 6/18/24 at 12:14 P.M., showed dietary manager entered kitchen did not wash his/her hands.</p> <p>(continued on next page)</p> |

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