STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265730	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER Eastview Manor Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1622 East 28th Street 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44939 Based on observation, interview and record review, the facility failed to protect two residents (Resident #3 and Resident #5) that reside on the secure unit from abuse by Resident #1. Residents #3 and #5 were hit in the head by Resident #1. Resident #2 said residents feel they have to walk on eggshells on the unit, because they do not know when Resident #1, will become upset and lash out verbally or physically. Resident #2 stated he/she feels staff are unable to protect others from Resident #1. Resident #3 said he/she does not feel safe in the facility due to Resident #1's verbal and physical abuse to him/her and the other residents. Resident #4 said he/she does not feel safe because the other residents on the secure unit have too many behaviors and do whatever they want on the unit. Resident #5 said he/she does not feel safe as he/she has gotten beaten up, had multiple physical altercations with Resident #1, and is scared of Resident #1. Resident #5 said Resident #1 has hit him/her in the face and also slammed his/her head on the ground. The facility census was 87. The Director of Nursing was notified on September 13, 2024 at 3:47 P.M. of an Immediate Jeopardy (IJ) which began on September 3, 2024. The IJ was removed on September 17, 2024, as confirmed by surveyor onsite verification. Review of the facility's Abuse and Neglect policy, dated 9/17/2024, showed: -It is the policy of this facility to report all allegations of abuse/neglect/exploitation or mistreatment, including injuries of unknown sources and misappropriation of resident property are reported to the Administrator of the facility and to other appropriate agencies in accordance with current state and federal regulations within prescribed timelines. -Abuse is the willful infliction of injury, unreasonable confinement, intimidation or punishment, which can include staff to resident abuse and certain resident to resident altercations. It includes verbal abuse, sexual abuse, physical abuse and mental abuse. -Physical abuse is the purposefully beating, striking, wounding, or injuring any resident or any manner whatsoever mistreating or maltreating a resident in a brutal or inhumane manner. Physical abuse also includes, but is not limited to, hitting, slapping, punching, biting, and kicking. -Guidelines: (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	The facility will develop and operationalize policies and procedures for screening and training employees, protection or residents and for the prevention, identification, investigation, and reporting of abuse, neglect, mistreatment, and misappropriation of property. The purpose is to assure the the facility is doing all that is within its control to prevent occurrences. Training: New employees will be educated by the department manager, or designee, on issues related to abuse prohibition, practices and abuse reporting requirements during initial orientation. Annual education and training will be provided to all existing employees. Front line supervisors will provide education as situations arise. Prevention: The facility will provide residents, families, and staff information on how and to whom they may report concerns, incidents and grievances without the fear of retribution, and will provide feedback regarding the concerns that have been expressed. The facility will identify, correct and intervene in situations in which abuse, neglect and/or misappropriation of resident property is more likely to occur. Identification: The facility will identify events, occurrences, patterns and trends that may constitute mistreatment, exploitation, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property as defined above. -This facility is committed to protecting our residents from abuse by anyone including but not limited to facility staff, other residents, consultants, volunteers, and staff from other agencies providing services to the individual, family members or legal guardians, friends or any other individuals. -Employees are trained through orientation and ongoing training on issues related to abuse prohibition practices, such as dealing with aggressive residents. During orientation of new employees, the facility will cover at least the following topics: How to assess, prevent and manage aggressive, violent, and/or catastrophic reactions of residents in a way that protects both residents and staff. -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. Through the care planning process, staff will identify any problems, goals and approaches which would reduce the changes of mistreatment for these residents. Staff will continue to monitor the goals and approaches on a regular basis. -Protection of Residents: The facility will take steps to prevent mistreatment while the investigation is underway. Residents who allegedly mistreat another resident will be removed form contact with the resident during the course of the investigation. The accused resident's condition shall be immediately evaluated to determine the most suitable therapy, care approaches, and placement considering his or her safety, as well as the safety of other residents and employees in the facility. 1. Review of Resident #1's quarterly Minimum Data Set (MDS, a federally mandated assessment conducted by staff), dated 4/11/24, showed: (continued on next page)

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	-The resident admitted to the facility on [DATE]. -Diagnoses of chronic Post Traumatic Stress Disorder (PTSD-a disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event, accompanied by intense emotional and physical reactions), Borderline Intellect (a condition that involves limitations on intelligence, learning and everyday abilities necessary to live independently), chronic pain, Bipolar Disorder (a mental health condition characterized by periodic, intense emotional states affecting a person's mood, energy, and ability to function), Generalized Anxiety Disorder (a condition that involves limitations on intelligence, learning and everyday abilities necessary to live independently), Attention Deficit Hyperactive Disorder (a chronic condition including attention difficulty, hyperactivity, and impulsiveness), Binge Eating Disorder (an eating disorder characterized by frequent and recurrent binge eating episodes with associated negative psychological and social problems), Borderline Personality Disorder (a personality disorder characterized by severe mood swings, impulsive behavior, and difficulty forming stable personal relationships), and Disruptive Mood Dysregulation Disorder (a mental disorder characterized by a persistently irritable or angry mood and frequent temper outbursts that are disproportionate to the situation and significantly more severe than the typical reaction of peers). -Has adequate hearing, clear speech, and is able to make self understood and understand others. -A score of 15 on the Brief Interview for Mental Status (BIMS, a structured evaluation aimed at evaluating aspects of cognition in elderly patients), indicating no cognitive impairment. -Has physical, verbal and other behaviors (including pacing, throwing things, and yelling/screaming). Review of Resident #1's Level II screening, dated 9/5/2023, showed: -Diagnoses of chronic PTSD, Borderline Intellect, chronic pain, Bipolar Disorder, Generalized Anxiety Disorder, Attention Deficit Hyperactive Disorder, Binge Eating Disorder, Borderline Personality Disorder, and Disruptive Mood Dysregulation Disorder. -He/she can be supported in a nursing facility with the following interventions: Behavioral Support System and Plan, Structured Environment, Medication Therapy, Activities of Daily Living Program, Crisis Intervention Services, and Personal Support Network. Review of Resident #1's Comprehensive Care Plan, dated 5/17/24 showed: -He/she has a long history of mental illness with behaviors and history of being discharged from previous facility for physical behaviors and property damage. -Interventions of behavior modification plan as needed, calming techniques as needed, one on one intervention as needed, pharmaceutical interventions as needed, implement plans to change inappropriate behavior, encourage relaxation techniques (deep breathing, meditation, guided imagery), set the resident up with a counselor or psychologist as needed. Review of the resident's medical record showed: (continued on next page)

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	-On 9/3/24, while at the nurses' station, Resident #3 told Resident #1 you fake all your seizures. Resident #1 became upset and hit Resident #3 in the back of the head with a closed fist. Neither resident had injuries. Resident #1 was placed on one-to-one supervision; -On 9/9/24, while on one-to-one supervision, Resident #1 walked into the dining room for dinner and saw Resident #5 sitting at a table. Resident #1 said I can't eat with that bitch pushed through the staff member providing him/her direct one-on-one supervision and hit Resident #5 with closed hands. Neither resident was injured; -On 9/11/12, while on one-to-one supervision, Resident #1 attempted to break up an altercation in the hall between Resident #4 and Resident #5. Resident #5 began calling Resident #1 names. Resident #1 became upset and hit Resident #5 in the face. Resident #5 received a scratch to the face. During an interview on 9/12/24 with Certified Nurses Assistant (CNA) A said: -He/she is the staff providing one-to-one supervision to Resident #1; -He/she had not received formal training but the charge nurse told him/her to be within an arms distance of Resident #1 and keep the resident out of trouble; -He/she is not aware of interventions on Resident #1's care plan to assist the resident in de-escalation and to redirect the resident from engaging in behaviors. During an interview on 9/12/24, Licensed Practical Nurse (LPN) A said Resident #1 is usually triggered by believing other residents are talking about him/her or when the other residents comment about Resident #1's seizures. During an interview on 9/12/24, Resident #2 said he/she and the other residents feel they have to walk on eggshells on the unit, because they do not know when Resident #1, will become upset and lash out verbally or physically. He/she does not feel safe at the facility because Resident #1 has hurt him/her and other residents and staff are unable to protect others from Resident #1. During an interview on 9/12/24, Resident #3 said he/she does not feel safe in the facility due to Resident #1's verbal and physical abuse to him/her and the other residents. During an interview on 9/12/24, Resident #4 said he/she does not feel safe because the other residents on the secure unit have too many behaviors. The staff are always busy with residents and residents do whatever they want on the unit. During an interview on 9/12/24, Resident #5 said he/she does not feel safe as he/she has gotten beaten up by Resident #1 and is scared of Resident #1. Resident #5 said he/she has had multiple physical altercations with Resident #1, where Resident #1 has hit him/her in the face and also slammed his/her head on the ground. During an interview on 9/12/24 at 1:42 P.M., the Director of Nursing (DON) said: -Resident #1 has been on one to one direct supervision since he/she hit Resident #3 on 9/3/24; (continued on next page)

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	-It is his/her expectation that when a resident has a physical behavior directed toward another resident, the staff should separate the residents and notify the charge nurse. The charge nurse should assess the involved residents for injuries and safety. The charge nurse should inform the DON and the Administrator, residents' responsible parties, and the residents' physician. The resident who is the aggressor should be sent to the hospital for a psychiatry assessment and possible treatment; -It is his/her expectation that if a resident is having repeated physical behaviors directed toward other residents, the resident should be assessed to determine if the resident's needs could be met in the facility or possibly find other placement for the resident. During an interview on 9/19/24 at 10:36 A.M., the Administrator said: -It is his/her expectation that residents are safe in the facility; -When a resident has physical behaviors directed toward other residents, the residents should be immediately separated and assessed for injury and safety; -The resident who is the aggressor should immediately be placed on one to one supervision. The physician should be notified, as should the resident's responsible parties. The resident who is the aggressor should be sent to the hospital for evaluation. NOTE: At the time of the abbreviated survey, the violation was determined to be at the immediate and serious jeopardy level J. Based on observation, interview and record review completed during the onsite visits, it was determined the facility had implemented corrective action to remove the IJ violation at the time. A final revisit will be conducted to determine if the facility is in substantial compliance with participation requirements. At the time of exit, the severity of the deficiency was lowered to the D level. This statement does not denote that the facility has complied with State law (Section 198.026.1 RSMo.) requiring that prompt remedial action to be taken to address Class I violation. MO241916, MO241881, MO241860, MO241820, MO241633, MO241504

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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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44939 Based on interview and record review, the facility failed to ensure three residents (Residents #14, #15, #16) were free from misappropriation when a staff member (Hall Monitor A) took their medications. Law enforcement found the medications in Hall Monitor A's possession when they executed a search warrant at his/her home. The facility census was 87. Review of the facility's Abuse and Neglect policy, dated 9/17/2024, included: Misappropriation of Resident Property: The deliberate misplacement, exploitation, or wrongful, temporary or permanent, use of a resident's belongings or money without the resident's consent, including resident's medication. The facility will develop and operationalize policies and procedures for screening and training employees, protection or residents and for the prevention, identification, investigation, and reporting of abuse, neglect, mistreatment, and misappropriation of property. The purpose is to assure that the facility is doing all that is within its control to prevent occurrences. Training: New employees will be educated by the department manager, or designee, on issues related to abuse prohibition, practices and abuse reporting requirements during initial orientation. Annual education and training will be provided to all existing employees. Front line supervisors will provide education as situations arise. Prevention: The facility will provide residents, families, and staff information on how and to whom they may report concerns, incidents and grievances without the fear of retribution, and will provide feedback regarding the concerns that have been expressed. The facility will identify, correct and intervene in situations in which abuse, neglect and/or misappropriation of resident property is more likely to occur. Identification: The facility will identify events, occurrences, patterns and trends that may constitute mistreatment, exploitation, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property as defined above. Review of the facility's Medication Storage Policy, dated 9/17/24, showed: -It is the policy of this facility to ensure all medications are housed on our premises will be stored in the medication rooms according to the manufacture's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation and security. -General Guidelines: 1. All drugs and biologicals will be stored in locked compartments (i.e., medication carts, cabinets, drawers, refrigerators, medication rooms) under proper temperature controls. 2. Only authorized personnel will have access to the keys to locked compartments. (continued on next page)

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. During a medication pass, medications must be under direct observation of the person administering medications or locked in the medication storage area/cart. -Narcotics and Controlled Substances 1. Schedule II drugs and back-up stock of Schedule II, IV and V medications are stored under double lock and key. 2. Schedule II controlled medications are to be stored within a separately locked permanently affixed compartment when other medications are stored in the same area, such as in refrigerator. 3. Any discrepancies which cannot be resolved must be reported immediately as follows: i. Notify the Director of Nursing (DON), charge nurse, or designee and the pharmacy; ii. Complete an incident report detailing the discrepancy, steps taken to resolve it, and the names of all licensed staff working when the discrepancy was noted; iii. The DON, charge nurse or designee must also report any loss of controlled substances where theft is suspected to the appropriate authorities such as local law enforcement, Drug Enforcement Agency, State Board of Nursing, State Board of Pharmacy, and possibly the State Licensure Board for Nursing Home Administrators. 4. Staff may not leave the area until discrepancies are resolved or reported as unresolved discrepancies. -Unused Medications: The pharmacy and all medication rooms are routinely inspected by the consultant pharmacist for discontinued, outdated, defective, or deteriorated medications with worn, illegible, or missing labels. These medications are destroyed in accordance with facility policy. The facility did not provide a policy regarding safeguarding of keys and what staff members may have access to keys. 1. During an interview on 9/12/24, Officer A of local law enforcement said: -During a search warrant executed by local law enforcement at the home of Hall Monitor (HM) A, medications labeled with the the name of the facility and resident's names, were found. A set of keys were also found. The keys were labeled Station 1, Station 2, and Office; -Officer A confirmed the medications were labeled with the names of Resident #14, Resident #15, and Resident #16. The medications were in both bubble packs and bottles; (Note: The police report, including the list of medications, has been requested from the police department and as of 10/7/24 has yet to be received.) During an interview on 9/16/24, the Executive Director of Development and Education ([NAME]) said: (continued on next page)

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/she was unaware a set of keys were missing or that resident medications were found by law enforcement; -All staff have been made to account for their keys; -It was discovered today the keys to the fire panel cabinet were missing. This set of keys includes keys to offices and both nurses stations; -Medication audits were completed for Residents #14, #15, and #16 on 9/17/24. No current medications were noted missing for any resident. During an interview on 9/16/24, the DON said: -He/she was unaware a set of keys was missing from the facility or tthat medications belonging to facility residents were found in Hall Monitor A's home; -It is his/her expectation facility keys and medications be secure and only accessed by staff authorized to do so. During an interview on 9/19/24 at 10:38 A.M., the Administrator said: -He/she was unaware a set of keys were missing and medications belonging to three residents were found in Hall Monitor A's home by law enforcement; -It is his/her expectation that all medications be kept secure and only appropriate staff are to access them; -All keys to the facility are to be accounted for and kept secure only by staff approved to have keys. MO241916

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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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44939 Based on observation, interview, and record review, facility staff failed to provide appropriate treatment and services to maintain or improve resident abilities to carry out activities of daily living, including dressing, shaving, grooming, and bathing for four of 13 sampled residents (Residents #7, #10, #11, and #13). Each of the residents were assessed and care planned as independent with activities of daily living, however, residents were observed with greasy hair, dirty clothing, body odor, and long, dirty nails.The facility census was 87. Review of the facility's Activities of Daily Living (ADL) Policy, dated 9/17/24, showed: -The facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable. -Care and services will be provided for the following activities of daily living: 1. Bathing, dressing, grooming and oral care; 2. Transfer and ambulation; 3. Toileting; 4. Eating to include meals and snacks; 5. Using speech, language or other functional communication systems. Policy: 3. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. 4. The facility will identify triggers through the Care Area Assessment (CAA) process to assess causal factors for decline, potential decline, or lack of improvement. 5. The facility will maintain individual objectives of the care plan and periodic review and evaluation. Review of the Substance Abuse and Mental Health Services Administration (SAMHSA) website showed: - Schizophrenia can be extremely disruptive to a person ' s life, making it hard to go to school or work, keep a schedule, socialize, complete daily tasks, or take care of oneself. However, with consistent treatment-a combination of medication, therapy, and social support-people with schizophrenia can manage the disease and lead fulfilling lives. (continued on next page)

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F 0676

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

- People with schizophrenia can experience a reduced ability to function normally, such as ignoring personal hygiene or not showing emotion.

1. Review of Resident #7's Admission Minimum Data Set (MDS, a federally mandated assessment completed by staff), dated 6/27/24, showed:

-The resident was originally admitted to the facility on [DATE];

-Has diagnoses of anxiety disorder (a mental health disorder characterized by severe, ongoing anxiety that interferes with daily activities), schizophrenia (a chronic brain disorder that affects a person's ability to think, feel, and behave clearly), Attention Deficit Hyperactive Disorder (ADHD, a chronic condition including attention difficulty, hyperactivity, and impulsiveness), legal blindness, and pain;

-Scored 15 on the Brief Interview for Mental Status (BIMS, a structured evaluation aimed at evaluating aspects of cognition in elderly patients), indicating no cognitive impairment;

-Has displayed no behaviors or rejection of care;

-Has adequate hearing, clear speech, understands others and makes self understood;

-Is independent with ADLS, including dressing, bathing and personal hygiene.

Review of the resident's comprehensive care plan, dated 7/3/24, showed the resident is independent with ADLs.

Observation of residents in the dining room on 9/17/24 at 12:46 P.M., showed:

-Resident #7 sat in his/her wheelchair at the dining table. His/her hair was greasy in appearance and disheveled. He/she had approximately a quarter inch of growth of beard on his/her face. His/her nails were long and had a dark substance underneath the nails. He/she had a dark stain with food particles on the front of his/her shirt. During an internew, Resident #7 said staff do not assist him/her, or encourage him/her to complete ADLs.

2. Review of Resident #10's Quarterly MDS, dated [DATE], showed:

-The resident was initially admitted to the facility on [DATE].

-Diagnoses of schizophrenia (a chronic brain disorder that affects a person's ability to think, feel, and behave clearly), psychotic disorder (a mental disorder characterized by a disconnection from reality), pain, obesity, and hallucinations (a perception of having seen, heard, touched, tasted, or smelled something that wasn't actually there);

-Has adequate hearing, clear speech, usually able to make self understood, and understands others;

-Scored 4 out of 15 on the BIMS, indicating severely impaired cognitive skills;

-Has behaviors 1-3 days per week, but does not reject care;

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Is independent with ADLs. Review of the resident's Comprehensive Care Plan, dated 8/30/24, showed: -The resident is independent with ADLs, including bathing, dressing, toileting, and personal hygiene. Observation of residents in the dining room on 9/17/24 at 12:46 P.M., showed: -Resident #10 sat in a dining room chair at the table. His/her feet were bare. His/her toenails were long and there was a light brown/gray substance on the toes. His/her hair was disheveled and greasy in appearance. The resident had significant body odor. During an interview, Resident #10 said the staff do not assist him/her, or encourage him/her to complete ADLs. 3. Review of Resident #11's Quarterly MDS dated [DATE], showed: -The resident initially admitted to the facility on [DATE]. -Diagnoses of anxiety disorder (a mental health disorder characterized by severe, ongoing anxiety that interferes with daily activities), depression (a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life), psychotic disorder (a mental disorder characterized by a disconnection from reality), Parkinson's (a disorder of the central nervous system that affects movement, often including tremors), and weakness; -Adequate hearing, clear speech, makes self understood and understands others; -Scored 15 on the BIMS, indicating no cognitive impairment; -He/she does not display behaviors; -Is independent with ADLs, including bathing, dressing, toileting, and personal hygiene. Review of the resident's comprehensive care plan, dated 8/21/24, showed the resident is independent with ADLs, including bathing, dressing, toileting, and personal hygiene. Observation of residents in the dining room on 9/17/24 at 12:46 P.M., showed: -Resident #11 sat in a dining chair at the table. His/her hair was greasy in appearance and disheveled. He/she had approximately a half inch growth of beard on his/her face. His/her fingernails were long with a dark substance underneath the nails. The resident had noticeable body odor. During an interview, Resident #11said the staff do not assist him/her, or encourage him/her to complete ADLs. 4. Review of Resident #13's admission MDS, dated [DATE], showed: -The resident initially admitted to the facility on [DATE]. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER Eastview Manor Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1622 East 28th Street Trenton, MO 64683	

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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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Diagnoses of dementia (a group of thinking and social symptoms that interferes with daily functioning), anxiety disorder (a mental health disorder characterized by severe, ongoing anxiety that interferes with daily activities), schizophrenia (a chronic brain disorder that affects a person's ability to think, feel, and behave clearly), pseudobulbar affect (inappropriate involuntary laughing and crying due to a nervous system disorder), and paranoid personality disorder (a mental disorder characterized by paranoia, and a pervasive, long-standing suspiciousness and generalized mistrust of others). -Adequate hearing, clear speech, makes self understood and is able to understand others; -Scored 13 on the BIMS, indicating cognition is intact; -Displays verbal behaviors 1-3 days of the week, but does not reject care; -Is independent with ADLs, including bathing, dressing, toileting and personal hygiene. Review of the resident's comprehensive care plan, dated 6/27/24, showed: -The resident is independent with ADLs, including dressing, bathing, toileting and personal hygiene. Observation of residents in the dining room on 9/17/24 at 12:46 P.M., showed: -Resident #13 stood outside the dining room. His/her hair was disheveled and greasy in appearance and brown stains on his/her shirt. He/she had approximately quarterly inch growth of beard on his/her face and noticeable body odor. During an interview, Resident #13 said the staff do not assist him/her, or encourage him/her to complete ADLs. During an interview on 9/13/24 at 2:39 P.M., Certified Nurses Assistant (CNA) B said: -Many residents are able to do their ADLs themselves, but choose not to or need to be reminded to shower or change their clothes. -Staff focus on assisting the residents who need them to do ADLs for them. If staff have time, they will ask the residents who are independent if they would like help. During an interview on 9/16/24, the Director of Nursing said: -It is his/her expectation all residents are clean, well-groomed and odor free; -It is also his/her expectation that, even if a resident is independent with ADLs, if the resident appears dirty or has an odor, the staff should respectfully ask the resident if they would like to complete ADLs, of ask if the resident needs assistance. During an interview on 9/19/24 at 10:36 A.M., the Administrator said: -It is his/her expectation that all residents are clean, odor free and well cared for; (continued on next page)

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-If a resident is dirty, has an odor, or needs assistance, staff should kindly ask the resident if they would like help with his/her ADLs; -If the resident declines ADLs, staff should re-approach at a later time or have a different staff member encourage the resident to perform ADLs or offer to help the resident. MO241916

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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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44939 Based on observation, interview, and record review, the facility failed to provide assistance with activities of daily living to three of 13 sampled residents (Resident#8, #9, and #12), who were unable to perform their own in order to maintain good personal hygiene. Each of the residents were assessed and care planned as dependent on staff for activities of daily living, however, residents were observed with greasy hair, dirty clothing, body odor, and long, dirty nails,and ungroomed facial hair. The facility census was 87. Review of the facility's Activities of Daily Living (ADL) Poliy, dated 9/17/24, showed: -The facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable. -Care and services will be provided for the following activities of daily living: 1. Bathing, dressing, grooming and oral care; 2. Transfer and ambulation; 3. Toileting; 4. Eating to include meals and snacks; 5. Using speech, language or other functional communication systems. Policy: 1. Conditions which may demonstrate unavoidable decline in ADLs include: a. Natural progression of the resident's disease state with known functional decline. b. Deterioration of the resident's physical condition associated with the onset of an acute physical or mental disability while receiving care to restore or maintain functional abilities. c. Refusal of care and treatment by the resident or his/her representative to maintain functional abilities after efforts by the facility to inform and educate about the benefits/risks of the proposed care and treatment; counsel and/or offer alternatives to the resident or representative. 3. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. 4. The facility will identify triggers through the Care Area Assessment (CAA) process to assess causal factors for decline, potential decline, or lack of improvement. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5. The facility will maintain individual objectives of the care plan and periodic review and evaluation. 1. Review of Resident #8's quarterly Minimum Data Set (MDS, a federally mandated assessment completed by staff) dated 8/1/24, showed: -Diagnoses of aphasia (a language disorder that affects a person's ability to communicate), cerebralvascular accident (CVA, a medical condition in which poor blood flow to the brain causes cell death), malnutrition (lack of sufficient nutrients in the body), and muscle weakness; -Adequate hearing, unclear speech, is sometimes able to make self understood, and usually understands others; -Scored zero on the Brief Interview for Mental Status (BIMS, a structured evaluation aimed at evaluating aspects of cognition in elderly patients), indicating severely impaired cognitive skills; -Displays verbal behaviors 1-3 days per week, but does not reject care; -Dependent on staff for all ADLs, including bathing, dressing, and personal hygiene. Review of the resident's comprehensive care plan dated 8/8/24, showed: -The resident is dependent on staff for all ADLs, including bathing, dressing, personal hygiene, transfers and ambulation. Observations of residents on 9/17/24 at 12:46 P.M., showed: - Resident #8 sat in a wheelchair at the dining table, waiting for the lunch meal. His/her hair was disheveled and greasy in appearance. Approximately a quarter inch of beard growth on his/her face. His/her nails were long with a dark substance under the nail. There were food particles on his/her shirt. He/she had notable body odor. 2. Review of Resident #9's admission MDS, dated [DATE], showed: -The resident initially admitted to the facility on [DATE]; -Has diagnoses of aphasia (a language disorder that affects a person's ability to communicate), CVA, seizures (a disorder in which nerve cell activity in the brain is disturbed), and Chronic Obstructive Pulmonary Disease (COPD, a group of lung diseases that block airflow and make it difficult to breathe); -Adequate hearing, unclear speech, never makes self understood and usually understands others; -Scored zero on the BIMS, indicating severely impaired cognitive skills; -Displays no behaviors; -Dependent on staff for all ADLs, including bathing, dressing, and personal hygiene. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's comprehensive care plan, dated 7/18/24, showed: -The resident is dependent on staff for all ADLs, including bathing, dressing, personal hygiene, transfers and ambulation. Observations of residents on 9/13/24 at 2:30 P.M, showed: -Resident #9 sat in a reclining wheelchair, in the dining room. His/her hair was disheveled. There was approximately a quarter inch of beard growth on his/her face. His/her nails were long and had a dark substance under the nails. He/she had significant body odor and his/her shirt was dirty with dark stains and food particles. Observations of residents on 9/14/24 at 10:00 A.M., showed: -Resident #9, sat in a reclining wheelchair in the dining room. His/her hair was disheveled. He/she was unshaven, with approximately a quarter inch of beard growth on his/her face. His/her nails were long and had a dark substance under the nail. He/she had a significant body odor. Observations of residents on 9/17/24 at 12:46 P.M., showed: -Resident #9 was sitting in his/her reclining wheelchair, waiting for the lunch meal. His/her hair was disheveled. There was approximately a quarter inch growth of beard on his/her face. His/her nails were long with a dark substance under the nails. He/she had significant body odor. 3. Review of Resident #12's admission MDS, dated [DATE], showed: -The resident was initially admitted to the facility on [DATE]; -Diagnoses of dementia (a group of thinking and social symptoms that interferes with daily functioning), depression (a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life), respiratory failure (inadequate gas exchange by the respiratory system); -adequate hearing, clear speech, makes self understood and understands others; -scored zero on the BIMS, indicating severely impaired cognitive skills; -Displays verbal behaviors 1-3 days per week, but does not reject care; -Dependent on staff for ADLs, including dressing, bathing, toileting, transfers, and personal hygiene. Review of the resident's comprehensive care plan, dated 8/15/24, showed: -The resident is dependent on staff for all ADLs, including bathing, dressing, toileting, transfers and personal hygiene. Observation of residents on 9/13/24 at 2:30 P.M., showed: (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Resident #12, sat in a wheelchair in the dining room. His/her sweater had brown stains and food particles on it. His/her hair was disheveled. A small bandage with a dark red substance, was not attached to the skin but was stuck in the resident's hair. He/she had approximately quarter inch of whiskers on his/her chin. Observation of residents on 9/14/24 at 10:00 A.M., showed: -Resident #12, sat in a wheelchair in the dining room. He/she was wearing the same sweater as on 9/13/24. The sweater was dirty with brown stains and food particles. His/her hair was disheveled. The resident had a small bandage with dark red substance not attached to the skin but stuck in the resident's hair. He/she had approximately a quarter inch of growth of hair on his/her chin. Observations of residents on 9/17/24 at 12:46 P.M., showed: -Resident #12 sat in his/her wheelchair at the dining table, waiting for the lunch meal. There resident's sweater had several brown stains and food particles on it. He/she had approximately quarter inch growth of facial hair on his/her chin. His/her hair was disheveled. There was a small bandage, approximately one inch in length with a dark red substance, that was not attached to his/her skin but was stuck in his/her hair. During an interview on 9/13/24 at 2:39 P.M., Certified Nurses Assistant (CNA) B said: -Staff focus on assisting the residents who need them to do ADLs for them. Sometimes the residents will refuse care and the staff won't have time to go back and try again. If a resident refuses, staff should tell the charge nurse. During an interview on 9/16/24, the Director of Nursing said: -It is his/her expectation all residents are clean, appear well groomed and are odor free; -It is also his/her expectation that if the resident appears dirty or has an odor, the staff should respectfully ask the resident if they would like to complete ADLs, of ask if the resident needs assistance. During an interview on 9/19/24 at 10:36 A.M., the Administrator said: -It is his/her expectation that all residents are clean, odor free and well cared for; -If a resident is dirty, has an odor, or needs assistance, staff should kindly ask the resident if they would like help with his/her ADLs; -If the resident declines ADLs, staff should reapproach at a later time or have a different staff member offer to help the resident.

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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.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 44939

Based on observation, interview, and record review, the facility failed to ensure one resident (Resident #7) had safe and well-maintained assistive devices to prevent accidents. The resident used a manual wheelchair for independent mobility. The wheelchair was not safe and functional. The resident could not lean back in it for fear of falling over due to the back support being worn out. The facility census was 87.

The facility did not provide a policy regarding ensuring resident's assistive devices are well maintained and safe.

1. Review of Resident #7's Admission Minimum Data Set (MDS, a federally mandated assessment completed by staff), dated 6/27/24, showed:

-The resident was originally admitted to the facility on [DATE];

-Diagnoses of hypertension (high blood pressure), seizures (a disorder in which nerve cell activity in the brain is disturbed), anxiety disorder (a mental health disorder characterized by severe, ongoing anxiety that interferes with daily activities), schizophrenia (a chronic brain disorder that affects a person's ability to think, feel, and behave clearly), Attention Deficit Hyperactive Disorder (ADHD, a chronic condition including attention difficulty, hyperactivity, and impulsiveness), legal blindness and pain;

-Scored 15 on the Brief Interview for Mental Status (BIMS, a structured evaluation aimed at evaluating aspects of cognition in elderly patients), indicating no cognitive impairment;

-Displayed no behaviors or rejection of care;

-Adequate hearing, clear speech, understands others and makes self understood;

-Independent with activities of daily living (ADLs), including dressing, bathing and personal hygiene;

-Uses a manual wheelchair to ambulate and is able to transfer self.

Review of the resident's comprehensive care plan, dated 7/3/24, showed:

-The resident is independent with ADLs;

-He/she uses a manual wheelchair to ambulate. He/she is able to transfer self.

Observation on 9/13/24 at 9:38 A.M. showed:

-Resident #7 sitting in his/her wheelchair in the hall. The resident was leaning forward in the chair;

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The back support of the wheelchair was drooping and appeared not able to support the resident if they leaned back. During an interview 9/13/24 at 12:10 P.M., the resident said he/she does not feel safe in the wheelchair. If he/she were to lean back in the wheelchair, there is no support and he/she would tip over backwards. He/she is scared to use the wheelchair, but feels he/she has no choice as he/she needs it to get around. He/she also experiences back pain as he/she cannot sit appropriately in the chair for fear of falling over backwards; -He/she has spoken to staff, including the Director of Nursing (DON), multiple times but has yet to received a new wheelchair. During an interview on 9/16/24, the DON said: -He/she was aware the resident requested a new wheelchair, but is unsure of why he/she had not received it yet - He/she thought it had been ordered; - He/she is responsible for following up and ensuring the residents have safe equipment. -It is his/her expectation that all residents have the assistive devices they need to safely and effectively navigate the facility. During an interview on 9/19/24, at 10:38 A.M., the Administrator said: -He/she was not aware the resident needed a new wheelchair; -It is his/her expectation that all equipment be in good condition and safe for the resident to use.

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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 0741 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that the facility has sufficient staff members who possess the competencies and skills to meet the behavioral health needs of residents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44939 Based on observation, interview, and record review, the facility failed to provide appropriate education and ensure staff were competent to provide care and protection to residents with mental and behavioral health diagnoses, when Resident #1, who resided on the secured special care unit, had multiple physical altercations with other residents, causing physical injury and emotional distress to other residents. Additionally, Resident #6 engaged in self-harming behaviors, causing lacerations to his/her forearms and upper legs. Staff were unaware of non-pharmacological interventions, individual care plan interventions, and were unable to provide appropriate protection, as no education was provided to them prior to assignment on the special care unit for behavioral health. The facility failed to ensure a process was in place to ensure employees had the knowledge and training necessary to support individuals with a history of trauma and behavioral health diagnoses. The facility census was 87. The Director of Nursing was notified on September 13, 2024 at 3:47 P.M. of an Immediate Jeopardy (IJ) which began on September 3, 2024. The IJ was removed on September 17, 2024, as confirmed by surveyor onsite verification. Review of the facility's Abuse and Neglect Policy, dated 9/17/24, showed: -Guidelines: Training: New employees will be educated by the department manager, or designee, on issues related to abuse prohibition practices and abuse reporting requirements during initial orientation. Annual education and training will be provided to all existing employees. Front line supervisors will provide education as situations arise. Review of the facility's Behavioral Emergency Policy, dated 9/17/24, showed: -Interventions: Non-Physical and Proactive: It is the policy of the facility to provide a safe environment and provide humane care to all residents. Non-physical interventions are the first choice as an intervention unless safety issues demand immediate physical intervention. The facility's approved early intervention crisis prevention techniques will be used to de-escalate conflict when possible. Care will be guided by resident's plan of care and based on the strategies taught by Crisis Prevention Institute non-violent crisis intervention, or the current facility guidance, and will help to respond to difficult behaviors in the safest and most effective way possible. The facility shall maintain continuous efforts to reduce the use of physical holds and the administration of medication which poses traumatic effects associated with their application by prominently reflecting such efforts in strategic initiatives and performance improvement processes. 1. Review of Resident #1's quarterly Minimum Data Set (MDS, a federally mandated assessment conducted by staff), dated 4/11/24, showed: -The resident admitted to the facility on [DATE] with diagnoses including: (continued on next page)

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F 0741 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	-chronic Post Traumatic Stress Disorder (PTSD-a disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event, accompanied by intense emotional and physical reactions), -Borderline Intellect (a condition that involves limitations on intelligence, learning and everyday abilities necessary to live independently), -chronic pain, -Bipolar Disorder (a mental health condition characterized by periodic, intense emotional states affecting a person's mood, energy, and ability to function), -Generalized Anxiety Disorder (a condition that involves limitations on intelligence, learning and everyday abilities necessary to live independently), -Attention Deficit Hyperactive Disorder (a chronic condition including attention difficulty, hyperactivity, and impulsiveness), -Binge Eating Disorder (an eating disorder characterized by frequent and recurrent binge eating episodes with associated negative psychological and social problems), -Borderline Personality Disorder (a personality disorder characterized by severe mood swings, impulsive behavior, and difficulty forming stable personal relationships), and -Disruptive Mood Dysregulation Disorder (a mental disorder characterized by a persistently irritable or angry mood and frequent temper outbursts that are disproportionate to the situation and significantly more severe than the typical reaction of peers); -Resident has adequate hearing, clear speech, and is able to make self understood and understand others; -Score of 15 on the Brief Interview for Mental Status (BIMS, a structured evaluation aimed at evaluating aspects of cognition in elderly patients), indicating no cognitive impairment; -Has physical, verbal and other behaviors (including pacing, throwing things, and yelling/screaming). Review of Resident #1's Level II screening, dated 9/5/2023 showed: -He/she can be supported in a nursing facility with the following interventions: Behavioral Support System and Plan, Structured Environment, Medication Therapy, Activities of Daily Living Program, Crisis Intervention Services, and Personal Support Network. Review of Resident #1's Comprehensive Care Plan, most recently dated 5/17/24 showed: (continued on next page)

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F 0741 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	-He/she has a long history of mental illness with behaviors and history of being discharged from previous facility for physical behaviors and property damage. He/she requires behavior modification programs as needed, long term psychiatric management and counseling as needed, non-pharmaceutical interventions and one to one interventions as needed, pharmaceutical interventions as needed; -He/she has a history of behavioral challenges that require protective oversight in a secure setting per the resident's Level II screening. Staff should implement plans to change inappropriate behavior as needed. The resident needs daily living skills training, develop personal support network, drug therapy as needed, implement activities of daily living program as needed, provisions of a structured environment, and structured socialization; -He/she has a history of PTSD. The resident is triggered by loud noises, if people are touchy/feely, crowds, yelling. He/she has bad coping skills and agreed to try coloring as a coping skill. Engage the resident in coloring, crafts, journaling, puzzles, groups, listening to music, talking, going to quiet places and resting. Practice sensory interaction in a moment of crisis to ground self to the present, such as describe a happy place and focus on that. Relaxation techniques such as deep breathing, meditation, progressive muscle relaxation, guided imagery. Seek professional help from a counselor or psychologist; -The resident is triggered by the smell of men's cologne and families fighting in a movie; -The resident has a safety plan. His/her warning signs are making a fist, grinding teeth, deep tone in voice. He/she can be distracted and comforted by socializing with friends. Steps to keeping the resident's environment safe include stay away from negativity, walking away, talking to staff and venting. Review of the resident's medical record showed: -On 9/3/24, while at the nurses' station, Resident #3 told Resident #1 you fake all your seizures. Resident #1 became upset and hit Resident #3 in the back of the head with a closed fist. Neither resident had injuries. Resident #1 was placed on one-to-one supervision at this time; -On 9/9/24, while on one-to-one supervision, Resident #1 walked into the dining room for dinner and saw Resident #5 sitting at a table. Resident #1 said I can't eat with that bitch pushed through the staff member providing supervision and hit Resident #5 with closed hands. Neither resident was injured; -On 9/11/12, while on one-to-one supervision, Resident #1 attempted to break up an altercation in the hall between Resident #4 and Resident #5. Resident #5 began calling Resident #1 names. Resident #1 became upset and hit Resident #5 in the face. Resident #5 received a scratch to the face. 2. Review of Resident #6's Annual MDS, dated [DATE], showed: -diagnoses of Bipolar Disorder, PTSD, polysubstance abuse, major depressive disorder, ADHD, generalized anxiety disorder, adjustment disorder (excessive reactions to stress that involve negative thoughts, strong emotions and changes in behavior), borderline personality disorder (a personality disorder characterized by severe mood swings, impulsive behavior, and difficulty forming stable personal relationships). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265730	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER Eastview Manor Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1622 East 28th Street Trenton, MO 64683	

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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 0741 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	-adequate hearing and clear speech and is able to make self understood and understand others. -Scored 15 on the BIMS, indicating no cognitive impairment. -Has displayed other behavioral symptoms, such as self-harm and yelling. Review of the resident's Level II screening, dated 6/11/15, showed: -He/she can be supported in a nursing facility with the following interventions: secured unit, art/music/recreation therapy, psychological testing and evaluation, individual counseling/psychotherapy, group counseling, grief/loss/adjustment counseling, medication education/counseling, and a 12-step substance abuse program. -Review of the resident's medical record showed he/she did not have orders for or was involved in individual counseling, group counseling, grief/loss/adjustment counseling, medication education/counseling or a 12-step substance abuse program. Review of the resident's comprehensive care plan, dated 7/25/24: -The resident has a long history of mental illness and frequent psychiatric hospital admissions. Behavior modification programs as needed. Long-term psychiatric management and counseling if needed; -At the time of the Level II screening, the resident is deemed to be safe for admission to a skilled facility. The resident has interventions for daily living skills training, drug therapy, implement activities of daily living programs as needed and a structured environment; -The resident has a history of behavioral challenges that require protective oversight in a secure setting. Staff should implement plans to change inappropriate behavior as needed. Staff should use non-pharmaceutical interventions and one to one interventions as needed; -The resident's safety plan includes: Warning signs are silence, reclusive, paranoia, difficulty concentrating, sleep depravation, muscle tension. His/her past crisis moments include past hospitalization due to self-harm, being suicidal and eating disorder. The ways to distract or comfort the resident is left blank on the care plan. The ways to make the resident's environment safer was left blank. Observation of Resident #6 on 9/12/24 showed: -He/she had one white bandage on each of his/her forearms; -He/she said it was from self-harming behaviors, by scratching/cutting him/herself with the clip from a cap from a writing pen; -He/she lifted his/her short legs and scratches and scarring were observed to both upper legs; -He/she then presented a small bag, saying that he/she had multiple pieces of pen caps, of which he/she intended to continue self-harming behaviors; (continued on next page)

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F 0741 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	-Resident #6 stated he/she needs help to stop these behaviors, and he/she has informed facility staff he/she is needing this help. The facility staff are not doing anything to help. Review of staffing records for September 01-11, 2024 showed: -Certified Medication Technician (CMT) A worked on the secure unit on 9/1/24, 9/2/24, 9/3/24, 9/5/24, 9/6/24, 9/9/24 and 9/10/24. Review of CMT A's employee file showed: -No documentation CMT A received education of providing care for resident's with mental and behavioral health diagnoses, including non pharmacological interventions, individual care plan interventions and providing appropriate protection of residents. Review of staffing records for September 01-11, 2024 showed: -Hall Monitor (HM) A worked at the facility on 9/2/24, 9/3/24, 9/4/24, 9/5/24, 9/8/24, and 9/10/24. Review of HM A's employee file showed: -No documentation HM A received education of providing care for resident's with mental and behavioral health diagnoses, including non pharmacological interventions, individual care plan interventions, and providing appropriate protection of residents. During an interview on 9/12/24 Certified Nurse Aide A said he/she had worked for the facility for four months. He/she did not receive any education on working with residents on the special care unit, providing 1:1 support, or care of individuals with mental health and behavioral diagnoses. During an interview on 9/12/24, Laundry Aide A said: -He/she had received some training in de-escalation years ago. -He/she had not received any training from the facility on working with residents with mental or behavioral health diagnoses, working on the secure unit, or responding to a behavioral emergency. -He/she is on the secure unit frequently picking up and delivering laundry. During an interview on 9/12/24, Housekeeper A said: -He/she had not received any training from the facility on working with residents with mental or behavioral health diagnoses, working on the secure unit, or responding to a behavioral emergency. -He/she is on the secure unit frequently to perform housekeeping tasks. During an interview on 9/13/24 at 10:49 A.M., the Staffing Coordinator/Receptionist said: -He/she had never received training from the facility on working with residents with mental or behavioral health diagnoses, working on the secure unit, or responding to a behavioral emergency. (continued on next page)

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F 0741 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview on 9/12/24 the Director of Nursing (DON) said: -There is not enough staff and it is not safe for staff to work on the secured care unit without training. -If staff are working on the floor on the secure unit or up front, they work with another staff member for three days. If the staff do one to one supervision, a supervisor will ask if the staff member feels comfortable doing the one to one supervision. -The facility used to train staff using the CALM training (de-escalation techniques), but no longer uses this training. The DON and the Dietary Manager were certified to teach the CALM training but their certification has lapsed. The facility is supposed to start using a new training for working with residents with behavioral health diagnoses, but he/she is not sure when this is starting. He/she is unsure when the certification lapsed, but it has been several months. -The sign in sheet for a training/in-service should be copied and kept in the employee HR file. -Crisis Prevention Institute training had not been started. The DON and dietary manager have not been trained or certified in this program. The Corporate Trainer assigned to their community is certified to train CPI, however had not been to the facility to train employees. The Corporate Trainer is also the current administrator of a facility in this corporation and had not had time to get to this facility During an interview on 9/19/24 at 10:38 A.M., the Administrator said: -It is his/her expectation staff receive appropriate training when working with residents who have mental and behavioral health diagnoses. He/she expects staff to be trained on crisis intervention/de-escalation techniques, however, no one in the facility is certified to train staff on these techniques. NOTE: At the time of the abbreviated survey, the violation was determined to be at the immediate and serious jeopardy level J. Based on observation, interview and record review completed during the onsite visits, it was determined the facility had implemented corrective action to remove the IJ violation at the time. A final revisit will be conducted to determine if the facility is in substantial compliance with participation requirements. At the time of exit, the severity of the deficiency was lowered to the D level. This statement does not denote that the facility has complied with State law (Section 198.026.1 RSMo.) requiring that prompt remedial action to be taken to address Class I violation. MO241916, MO241881, MO241860, MO241820, MO241633, MO241504

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	265730	A. Building B. Wing	09/19/2024

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F 0742 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44939 Based on observation, interview and record review, the facility failed to provide appropriate treatment and services to address the behavioral health needs of two residents (Resident #1 and #6) to attain the highest practicable mental and psychosocial well-being. This is evidenced by Resident #1, who requires behavioral health support needs and has a history of physically abusive behaviors, abusing two residents (Residents #3 and #5) on the secure care community, as a result of the facility failure to assess and implement appropriate interventions to address their behavioral health needs. Additionally, Resident #6 displayed self-harming behaviors and the facility failed to assess behavioral support needs and implement appropriate interventions to address the self-harming behaviors and ensure their safety. The facility also failed to ensure one resident (Resident #6) received care planned support and supervision during medication administration by failing to crush the residents medications and checking the resident's mouth to ensure they were swallowed. The facility census was 87. The Director of Nursing was notified on September 13, 2024 at 3:47 P.M. of an Immediate Jeopardy (IJ) which began on September 3, 2024. The IJ was removed on September 17, 2024, as confirmed by surveyor onsite verification. Review of the facility's Abuse and Neglect policy, dated 9/17/2024, showed: -It is the policy of this facility to report all allegations of abuse/neglect/exploitation or mistreatment, including injuries of unknown sources and misappropriation of resident property are reported to the Administrator of the facility and to other appropriate agencies in accordance with current state and federal regulations within prescribed timelines. -Abuse is the willful infliction of injury, unreasonable confinement, intimidation or punishment, which can include staff to resident abuse and certain resident to resident altercations. It includes verbal abuse, sexual abuse, physical abuse and mental abuse. -Physical abuse is the purposefully beating, striking, wounding, or injuring any resident or any manner whatsoever mistreating or maltreating a resident in a brutal or inhumane manner. Physical abuse also includes, but is not limited to, hitting, slapping, punching, biting, and kicking. -Guidelines: The facility will develop and operationalize policies and procedures for screening and training employees, protection or residents and for the prevention, identification, investigation, and reporting of abuse, neglect, mistreatment, and misappropriation of property. The purpose is to assure that the facility is doing all that is within its control to prevent occurrences. Training: New employees will be educated by the department manager, or designee, on issues related to abuse prohibition, practices and abuse reporting requirements during initial orientation. Annual education and training will be provided to all existing employees. Front line supervisors will provide education as situations arise. (continued on next page)

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F 0742 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Prevention: The facility will provide residents, families, and staff information on how and to whom they may report concerns, incidents and grievances without the fear of retribution, and will provide feedback regarding the concerns that have been expressed. The facility will identify, correct and intervene in situations in which abuse, neglect and/or misappropriation of resident property is more likely to occur. Identification: The facility will identify events, occurrences, patterns and trends that may constitute mistreatment, exploitation, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property as defined above. -This facility is committed to protecting our residents from abuse by anyone including but not limited to facility staff, other residents, consultants, volunteers, and staff from other agencies providing services to the individual, family members or legal guardians, friends or any other individuals. -Employees are trained through orientation and ongoing training on issues related to abuse prohibition practices, such as dealing with aggressive residents. During orientation of new employees, the facility will cover at least the following topics: How to assess, prevent and manage aggressive, violent, and/or catastrophic reactions of residents in a way that protects both residents and staff. -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. Through the care planning process, staff will identify any problems, goals and approaches which would reduce the changes of mistreatment for these residents. Staff will continue to monitor the goals and approaches on a regular basis. -Protection of Residents: The facility will take steps to prevent mistreatment while the investigation is underway. Residents who allegedly mistreat another resident will be removed form contact with the resident during the course of the investigation. The accused resident's condition shall be immediately evaluated to determine the most suitable therapy, care approaches, and placement considering his or her safety, as well as the safety of other residents and employees in the facility. Review of the facility's Behavioral Emergency Policy, dated 9/17/24, showed: -The purpose of this policy is to provide safe treatment and humane care to the resident in a behavioral crisis, to outline steps to follow to correctly care for the resident in a behavioral crisis, to ensure that the resident is not being coerced, punished, or disciplined for staff convenience. (continued on next page)

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F 0742 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	-1. Background: While some of the individuals we serve have high rates of violence toward themselves and others, there is recognition that many of the individuals we serve also had a high incidence of exposure to sexual, physical, and emotional abuse. Consequently, we recognize that any emergency interventions have the potential for (re)traumatizing such individuals. Further, we recognize that despite best intentions, decisions concerning the use of physical holds and the administration of medication are necessarily made under less-than-ideal circumstances (i.e. emergencies), and involve the urgent weighing of significant risks versus the benefits of physical safety. Therefore, such emergency interventions such as the use of physical holds and the administration of medication are to be avoided as possible. -3. Non-Physical and Proactive: It is the policy to provide a safe environment and provide humane care to all residents. Non-physical interventions are the first choice as an intervention unless safety issues demand immediate physical intervention. The facility's approved early intervention crisis prevention techniques will be used to de-escalate conflict when possible. Care will be guided by resident's plan of care and based on the strategies taught by non-violent crisis intervention or current company guidance, and will help to respond to difficult behaviors in the safest and most effective way possible. Proactive management for our residents is the best plan. All staff should recognize when the resident has become or can become a danger to themselves or someone else. De-escalation techniques should be utilized as first resort. -Steps for Crisis Intervention: Should the extreme behaviors such as suicidal, homicidal, self-mutilation, elopement, or resident to resident altercations which did not respond to the non-violent crisis intervention, the following steps will occur: A. The licensed nursing staff and/or nursing administration will assess the resident who is displaying signs of crisis, ensuring that safety of resident and others is the priority. Monitoring of resident will be initiated, if appropriate. B. The Facility's Administrative Team will assess the see if the resident's needs can continue to be met safely or whether the resident continues to be appropriate for placement at the facility. C. The facility will notify the Physician and/or Psychiatrist of the behavioral emergency. Should the resident require additional hospitalization ,coordination of care will occur with the Physician and/or Psychiatrist with receiving hospital to ensure transfer of patient specifics. D. If the resident is unable to be redirected or is personally requesting a PRN (as needed) medication for mood stabilization, the resident will be given a PRN per physician's orders. If the resident receives a by mouth or injection mood stabilizing medication, the licensed nurse will document the administration and effectiveness. E. The Licensed Nurse will document the behavioral emergency in the medical chart. G. The Interdisciplinary Team will ensure the care plan is updated if appropriate. 1. Review of Resident #1's quarterly Minimum Data Set (MDS, a federally mandated assessment conducted by staff), dated 4/11/24, showed: (continued on next page)

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F 0742 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	-The resident was admitted to the facility on [DATE] with diagnoses of: -chronic Post Traumatic Stress Disorder (PTSD-a disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event, accompanied by intense emotional and physical reactions), -Borderline Intellect (a condition that involves limitations on intelligence, learning and everyday abilities necessary to live independently), -chronic pain, -Bipolar Disorder (a mental health condition characterized by periodic, intense emotional states affecting a person's mood, energy, and ability to function), -Generalized Anxiety Disorder (a condition that involves limitations on intelligence, learning and everyday abilities necessary to live independently), -Attention Deficit Hyperactive Disorder (a chronic condition including attention difficulty, hyperactivity, and impulsiveness), -Binge Eating Disorder (an eating disorder characterized by frequent and recurrent binge eating episodes with associated negative psychological and social problems), -Borderline Personality Disorder (a personality disorder characterized by severe mood swings, impulsive behavior, and difficulty forming stable personal relationships), and -Disruptive Mood Dysregulation Disorder (a mental disorder characterized by a persistently irritable or angry mood and frequent temper outbursts that are disproportionate to the situation and significantly more severe than the typical reaction of peers); -Resident has adequate hearing, clear speech, and is able to make self understood and understand others; -Score of 15 on the Brief Interview for Mental Status (BIMS, a structured evaluation aimed at evaluating aspects of cognition in elderly patients), indicating no cognitive impairment; -Has physical, verbal and other behaviors (including pacing, throwing things, and yelling/screaming). Review of Resident #1's Level II screening, dated 9/5/2023 showed: -He/she can be supported in a nursing facility with the following interventions: Behavioral Support System and Plan, Structured Environment, Medication Therapy, Activities of Daily Living Program, Crisis Intervention Services, and Personal Support Network. Review of Resident #1's Comprehensive Care Plan, most recently dated 5/17/24 showed: (continued on next page)

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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 0742 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	-He/she has a long history of mental illness with behaviors and history of being discharged from previous facility for physical behaviors and property damage. He/she requires behavior modification programs as needed, long-term psychiatric management and counseling as needed, non-pharmaceutical interventions and one to one interventions as needed, pharmaceutical interventions as needed; -He/she has a history of behavioral challenges that require protective oversight in a secure setting per the resident's Level II screening. Staff should implement plans to change inappropriate behavior as needed. The resident needs daily living skills training, develop personal support network, drug therapy as needed, implement activities of daily living program as needed, provisions of a structured environment, and structured socialization; -He/she has a history of PTSD. The resident is triggered by loud noises, if people are touchy/feely, crowds, yelling. He/she has bad coping skills and agreed to try coloring as a coping skill. Engage the resident in coloring, crafts, journaling, puzzles, groups, listening to music, talking, going to quiet places and resting. Practice sensory interaction in a moment of crisis to ground self to the present, such as describe a happy place and focus on that. Relaxation techniques such as deep breathing, meditation, progressive muscle relaxation, guided imagery. Seek professional help from a counselor or psychologist; -The resident is triggered by the smell of men's cologne and families fighting in a movie; -The resident has a safety plan. His/her warning signs are making a fist, grinding teeth, deep tone in voice. He/she can be distracted and comforted by socializing with friends. Steps to keeping the resident's environment safe include stay away from negativity, walking away, talking to staff and venting. Review of the resident's medical record showed: -No counseling, group or individual.interventions from the resident's Level II evaluation had been put in place to support the resident and minimize continuing behaviors. -On 9/3/24, while at the nurses' station, Resident #3 told Resident #1 you fake all your seizures. Resident #1 became upset and hit Resident #3 in the back of the head with a closed fist. Neither resident had injuries. Resident #1 was placed on one-to-one supervision at this time; -On 9/9/24, while on one-to-one supervision, Resident #1 walked into the dining room for dinner and saw Resident #5 sitting at a table. Resident #1 said I can't eat with that bitch pushed through the staff member providing supervision and hit Resident #5 with closed hands. Neither resident was injured; -On 9/11/12, while on one-to-one supervision, Resident #1 attempted to break up an altercation in the hall between Resident #4 and Resident #5. Resident #5 began calling Resident #1 names. Resident #1 became upset and hit Resident #5 in the face. Resident #5 received a scratch to the face. 2. Review of Resident #6's annual MDS, dated [DATE], showed: (continued on next page)

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F 0742 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	-The resident has the diagnoses of Bipolar Disorder, PTSD, polysubstance abuse, major depressive disorder, ADHD, generalized anxiety disorder, adjustment disorder (excessive reactions to stress that involve negative thoughts, strong emotions and changes in behavior), borderline personality disorder (a personality disorder characterized by severe mood swings, impulsive behavior, and difficulty forming stable personal relationships); -Has adequate hearing and clear speech and is able to make self understood and understand others; -Scored 15 on the BIMS, indicating no cognitive impairment; -Has displayed other behavioral symptoms, such as self-harm and yelling. Review of the resident's Level II screening, dated 6/11/15, showed: -He/she can be supported in a nursing facility with the following interventions: secured unit, art/music/recreation therapy, psychological testing and evaluation, individual counseling/psychotherapy, group counseling, grief/loss/adjustment counseling, medication education/counseling, and a 12 step substance abuse program; -Review of the resident's medical record showed that he/she did not have orders for nor was involved in individual counseling, group counseling, grief/loss/adjustment counseling, medication education/counseling, or a 12-step substance abuse program. -He/She had a history of self-harming behaviors. Review of the resident's comprehensive care plan, dated 7/25/24: -The resident has a long history of mental illness and frequent psychiatric hospital admissions. Behavior modification programs as needed. Long term psychiatric management and counseling if needed; -At the time of the Level II screening, the resident is deemed to be safe for admission to a skilled facility. The resident has interventions for daily living skills training, drug therapy, implement activities of daily living programs as needed and a structured environment; -The resident has a history of behavioral challenges that require protective oversight in a secure setting. Staff should implement plans to change inappropriate behavior as needed. Staff should use non-pharmaceutical interventions and one to one interventions as needed; The care plan did not include specific interventions for staff to use related to non-pharmalogical interventios, plans to change behaviors, or criteria for using one to one interventions. -The resident's safety plan includes: Warning signs are silence, reclusive, paranoia, difficulty concentrating, sleep depravation, muscle tension. His/her past crisis moments include past hospitalization due to self-harm, being suicidal and eating disorder. The ways to distract or comfort the resident was left blank. The ways to make the resident's environment safer was left blank on the care plan. -Interventions including group and individual counseling, from the resident's Level II evaluation, were not put in place to support the resident and aid in decreasing continuing behaviors. (continued on next page)

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F 0742 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	-The care plan did not address the resident's needs related to self-harming behaviors or interventions for the staff to utilize in addressing the resident's self-harming behaviors. Observation of Resident #6 on 9/12/24 showed: -He/she had one white bandage on each of his/her forearms; -He/she said it was from self-harming behaviors, by scratching/cutting him/herself with the clip from a cap from a writing pen; -He/she lifted his/her short's legs and scratches and scarring were observed to both upper legs; -He/she then presented a small bag, saying that he/she had multiple pieces of pen caps, of which he/she intended to continue self-harming behaviors. During an interview 9/12/24 at 10:50 A.M., Resident #6 said he/she needs help to stop these behaviors, and he/she has informed the facility staff he/she needs this help. The facility staff are not doing anything to help him/her. During an interview on 9/12/24, Licensed Practical Nurse (LPN A) said: -He/she was aware the resident has self-harming behaviors; -LPN A showed a clip from a pen cap that Resident #6 had given him/her; -Resident #6's injuries were noted the weekend of September 6, 2024; -LPN A said, in regards to interventions staff put into place to address the resident's behavior, Resident #6 is scheduled to be seen by a wound care provider on 9/13/24. No other interventions have been put in place. During an interview on 9/17/24 at 1:05 P.M., the Social Services person said: -He/she does not schedule the residents to be seen by the psychiatrist. The nurse does that. -He/she has scheduled residents for counseling at the local mental health services, but Resident #1 or #6 have not been scheduled for counseling. He/she has not been asked to schedule those residents. During an interview on 9/17/24, the Director of Nursing (DON) said: -He/she was aware Resident #6 has self-harming behaviors; -He/she expects staff monitor the resident for self-harming/abusive behaviors, document the behaviors, and notify the physician and psychiatrist of the behaviors; (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eastview Manor Care Center	1622 East 28th Street Trenton, MO 64683

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F 0742

Level of Harm - Immediate jeopardy to resident health or safety

Residents Affected - Few

-He/she is aware Resident #1 has physically aggressive/abusive behaviors toward other residents. The facility has sent the resident to the hospital for evaluation, but the hospital did not admit the resident and sent him/her back to the facility. The resident has been on one-to-one supervision since a resident to resident altercation on 9/3/24. He/she has had two additional resident to resident altercations since being placed on one to one supervision;

-It is his/her expectations that residents are safe in the facility.

During an interview on 9/19/24, at 10:38 A.M., the Administrator said:

-He/she was aware Resident #6 had self-harming behaviors;

-It is his/her expectation the staff monitor the resident's safety and notify the DON, Administrator, and physician of the behaviors. Staff should also put interventions in place to assist the resident in de-escalation before beginning the self-harming behaviors;

-He/she was aware Resident #1 has had physically aggressive behaviors toward other residents;

-It is his/her expectation that all residents are safe in the facility and each resident receives the appropriate care. Staff should practice de-escalation techniques to prevent resident to resident altercations.

3. Review of the facility's Medication Administration Policy, dated 7/30/24 showed:

-Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. It is the policy of this facility to ensure the safe and effective administration of all medications by utilizing best practice guidelines.

-General Medication Administration Process:

O. Administer medication as ordered in accordance with manufacturer specifications.

1. Provide appropriate amount of food and fluid.

2. Shake well to mix suspensions.

3. Crush medications as ordered. Do not crush medications with do not crush instruction.

4. Observe resident consumption of medication.

Review of Resident #6's Annual Minimum Data Set (MDS, a federally mandated assessment conducted by staff), dated 8/9/24, showed:

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F 0742 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	-The resident had diagnoses of Bipolar Disorder, Post Traumatic Stress Disorder, polysubstance abuse, major depressive disorder, ADHD, generalized anxiety disorder, adjustment disorder (excessive reactions to stress that involve negative thoughts, strong emotions and changes in behavior), borderline personality disorder (a personality disorder characterized by severe mood swings, impulsive behavior, and difficulty forming stable personal relationships). -Has adequate hearing and clear speech and is able to make self understood and understand others. -Scored 15 on the BIMS, indicating no cognitive impairment. -Displayed other behavioral symptoms, such as self-harm and yelling. Review of the resident's comprehensive care plan, dated 7/25/24: -The resident has a long history of mental illness and frequent psychiatric hospital admissions. Behavior modification programs as needed. Long term psychiatric management and counseling if needed. -The resident has a potential for behavior problems related to bipolar disorder, post traumatic stress disorder, and anxiety disorder. Administer medications as ordered and observe for side effects and effectiveness. Review of the resident's physician orders dated September 12, 2024 showed: -Order to check mouth after giving medication to observe for cheeking meds. -Order to crush medications as needed. -Order for hydroxyzine HCl (a medication used to treat anxiety, nausea, vomiting, allergies, skin rash, hives, and itching. Also known as Atarax) oral tablet 50 milligrams (mg) every eight hours as needed for itching related to bipolar disorder. Review of the resident's electronic medical chart showed: -On 9/5/24 at 5:25 P.M., staff were called to Resident #6's room. The resident reported to staff Certified Medication Technician (CMT) A does not crush the resident's medication and he/she cheeks the medication and saves them. Review of facility staffing dated 9/1/24 to 9/11/24 showed: -CMT A worked on the secure unit as the CMT on 9/1/24, 9/2/24, 9/3/24, and 9/5/24. CMT A worked from 7:00 P.M. to 7:00 A.M. Review of the facility's investigation on 9/13/23 showed: -CMT A confirmed he/she had not crushed the medication before administering it to Resident #6. During an interview on 9/12/24 at 1:42 P.M., Resident #6 said: (continued on next page)

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F 0742 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	-CMT A never crushed the resident's medication or checked to make sure the resident swallowed the medication. During an interview on 9/16/24, the DON said: -It is his/her expectation that staff follow physician orders and standards of practice, including crushing the medications of residents on the secure unit and always checking to make sure the residents are not cheeking the medication. During an interview on 9/19/24 at 10:38 A.M., the Administrator said: -It is his/her expectation staff crush medications that can be crushed and check to make sure residents have swallowed the medication. -Staff should always follow physician orders and not administer more medication than ordered. Review of CMT A's employee file showed: -He/she was hired by the facility on 11/7/23 as a CMT. -He/she participated in a Medication Pass Audit on 3/26/24 at 3:15 P.M. During the audit, he/she observed the resident to ensure the medication was swallowed. -On 7/30/24, CMT A received education on medication administration, and signed verifying he/she received the education. The education included: All medications that can be crushed are to be crushed. If they can not be crushed, those medications are to be administered first, then a drink, then crushed medications are to be given in pudding or applesauce and a drink after administration. All residents' mouths are to be checked after administration. This is not an option. If there are not crush pouches, there are alternate ways to crush medication. It is never an option on the secure unit to not crush medication. -CMT A's employment was terminated on 9/6/24 due to gross negligence in performance of job duties and serious violation of safety rules, related to medication administration. NOTE: At the time of the abbreviated survey, the violation was determined to be at the immediate and serious jeopardy level J. Based on observation, interview and record review completed during the onsite visits, it was determined the facility had implemented corrective action to remove the IJ violation at the time. A final revisit will be conducted to determine if the facility is in substantial compliance with participation requirements. At the time of exit, the severity of the deficiency was lowered to the D level. This statement does not denote that the facility has complied with State law (Section 198.026.1 RSMo.) requiring that prompt remedial action to be taken to address Class I violation. MO241916, MO241881, MO241860, MO241820, MO241633, MO241504

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44939 Based on observation and interview, the facility failed to provide a clean, odor free and comfortable environment. Strong odors of urine and body odor were present, floors in entry way and dining rooms were sticky and had spilled drinks and food on them, and there was evidence of flies and mice. A resident's air conditioner had dark colored mold on it. The facility census was 87. Review of the facility's Nursing Environmental Inspection Policy, dated 9/17/24, showed: -It is the policy of this facility to regularly monitor the nursing services environment to ensure the facility is maintained in a safe and sanitary manner. -1. The Director of Nursing or designee will perform random and/or routine inspections of the nursing environment. These areas of inspection will consist of, but is not limited to: a. Resident Rooms b. Medications rooms and medications carts c. Resident Common Areas d. Clean and Soiled Utility Rooms e. Nurses Stations f. Shower Rooms -2. Environmental inspections should include the cleanliness of the area as well as ensuring the areas are free of any potentially dangerous risks/items. -3. All areas of concern will be corrected at the Director of Nursing or designee themselves or delegate the task. -4. Follow up inspections or spot checks will be conducted as needed to ensure that corrections have been made. Review of the facility's Pest Control Program Policy, dated 9/17/24, showed: -It is the policy of this facility to maintain an effective pest control program that eradicates and contains common household pests and rodents (e.g., bed bugs, roaches, ants, mosquitoes, flies, mice, and rats). 1. The facility will maintain a written agreement with a qualified outside pest services to provide comprehensive pest control services on a regular and scheduled basis. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. Facility will ensure that appropriate chemicals are used to control pests but can be used safely inside the building without compromising resident health. 3. Facility will maintain a report system of issues that may arise in between scheduled visits with the outside pest service and treat as indicated. 4. Facility will utilize a variety of methods in controlling certain seasonal pests, i.e. flies. These will involve indoor and outdoor methods that are deemed appropriate by the outside pest services and state and federal regulations. 5. Facility will ensure that the outside pest service also treats the exterior perimeter of the facility and any outlying buildings or structures, i.e. dumpster area, etc. Observations of the facility on 9/12/24 showed: -Upon entering the facility, a strong odor of urine and body odor was noted. -The floors of the entry way and in the main dining room were sticky. -A large amount of flies in the resident common areas. -The dining room floor on the secure unit was sticky and had dried drink spills and food particles from breakfast and lunch. The tables had spilled drinks and food particles on them. -Observation of the air conditioning unit in room [ROOM NUMBER] on the secure unit showed a black mold-like substance on the vent. -Rodent droppings were noted on the administrator's desk and a rodent could be heard squeaking and scratching in the 2-drawer cabinet under the desk. Observations of the facility on 9/13/24 showed: -The floor of room [ROOM NUMBER] on the open unit was dirty with multiple dried red and brown substances. The floor was sticky and there were multiple flies in the room. -Multiple vents in the halls were dirty with a fuzzy substance. -The floor of room [ROOM NUMBER] on the open unit was dirty with a gray substance and was sticky. Multiple tiles had a gray/black substance around the edges. There were multiple flies in the room. -The floors of the halls were sticky. There was a black substance around the edges of several tiles in the halls. -A strong odor of urine and body odor was noted throughout the facility. -A rodent was heard scratching and squeaking in the 2-drawer cabinet under the Administrator's desk. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observations of the facility on 9/17/24 showed: -The facility had a strong odor of urine. -The floor in the main dining room was sticky and had areas of dried brown and red substances. -There were multiple flies in the main dining room. During an interview on 9/12/24 at 10:42 A.M., Housekeeper A said: -He/she has worked at the facility since 6/1/24; -He/she cleans on the secure unit and the open unit; -The resident in room [ROOM NUMBER] told him/her there was mold in the air conditioning unit; -He/she does not know if the facility has the correct cleaner for it; -He/she is responsible for cleaning the floors after meals, cleaning resident rooms, wiping hand rails, and emptying trash. During an interview on 9/16/24, the Director of Nursing said: -He/she had not been doing formal environmental investigations or documenting. He/she lets housekeeping or other staff know if something in the facility needs attention; -It is his/her expectation the facility be maintained in a clean and sanitary manner; -The floors should be clean and not sticky; -All staff should be monitoring the cleanliness of the facility and are responsible for notifying housekeeping or someone in administration if an area needs attention. During an interview on 9/19/24 at 10:38 A.M., the Administrator said: -The facility should be clean with no odor; -There should be an effective pest management program in place; -The floors should be clean and not sticky; -The air conditioners should be clean; -All staff are responsible for monitoring the cleanliness of the facility.