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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265730	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eastview Manor Care Center	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 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident must receive and the facility must provide necessary behavioral health care and services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44395 Based on interview and record review, the facility failed to provide appropriate treatment and services for one out of three residents (Resident #1) with behavioral health needs, including verbal aggression toward residents and staff, threatening other residents, physical altercations, and throwing objects. On 11/2/24 , the resident required one on one supervision after an incident of aggression. The resident was removed from one-on-one supervision, without input of the Interdisciplinary Team (IDT) on 11/4/24, and placed on 15 minute checks. No other interventions were put into place and on 11/9/24 the resident had another aggressive outburst- striking another resident. The facility census was 82 Review of the Facility Assessment, dated 11/15/24, showed: -The facility had the ability to treat Psychiatric/Mood Disorders such as psychosis (a collection of symptoms that can affect the mind, causing a person to lose touch with reality) hallucinations (seeing, hearing, feeling, tasting, or smelling things that aren't there) and delusions (believing things that aren't true, such as thinking someone is plotting against you) , mental disorders (a mental, behavioral, or emotional disorder that can impact a person's thinking, feeling, behavior, or mood), bi-polar disorder (a serious mental illness that causes extreme mood shifts, including periods of mania and depression), schizophrenia (a chronic mental disorder that affects how people think, perceive reality, and interact with others), PTSD, anxiety disorder (a feeling of fear, dread, or uneasiness), personality disorders (a mental health condition where people have a lifelong pattern of seeing themselves and reacting to others in ways that cause problems), and schizoaffective disorder (a chronic mental illness that involves symptoms of both schizophrenia and a mood disorder); -The facility assessment will be used to inform staffing decisions to ensure that there are a sufficient number of staff with the appropriate competencies and sill sets necessary to care for it's residents needs as identified through resident assessments and plans of care. Review of the facility provided Abuse and Neglect Policy dated 6/12/24 showed: -As part of the resident social history assessment, staff will identify residents with increased vulnerability, 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 chances of mistreatment. Staff will continue to monitor the goals and approaches on a regular basis; (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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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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F 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Review of accident and incident reports will be completed to assess possible patterns or trends. Based on an assessment of the reports, the facility will further investigate and/or determine whether a change in practices is warranted. 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; -It is the policy to provide a safe environment and provide humane care to all residents. 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 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; -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 the resident will be initiated, if appropriate; -The Facility's Administrative Team will assess to 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; -The Licensed Nurse will document the behavioral emergency in the medical chart; -The Interdisciplinary Team will ensure the care plan is updated if appropriate. Review of Resident #1's PreAdmission Screening and Resident Review (PASRR) assessment, completed 01/04/2024, showed: - Almost daily episodes of aggressive behavior, including verbal aggression toward residents and staff, threatening other residents, physical altercations, throwing objects, or hitting hand on the wall. Review of Resident #1's Quarterly Minimum Data Set (MDS a federally mandated assessment tool completed by facility staff) dated 10/31/24 showed: -Brief Interview of Mental Status (BIMS) of 11, indicating slight cognitive deficits; -Physical Behaviors directed towards others, such as hitting, kicking, screaming, etc, occurred 1-3 of seven days; -Other physical symptoms such as, pacing, scratching self, and rummaging, occurred 1-3 of seven days; (continued on next page)

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