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	03/10/2025

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** 47195 Based on interview and record review, the facility failed to protect the resident's right to be free from physical abuse when four residents were involved in physical altercations (Resident #1, #2, #3 and #4). The facility failed to protect Resident #1 from physical abuse on [DATE] at 12:44 P.M. when Resident #2 open handedly applied for to Resident #1's shoulders causing resident to loose balance and land on bottom. The facility also failed to protect Resident #3 from physical abuse on [DATE] at 5:04 P.M. when Resident #4 open handedly applied force to Resident #3's chest resulting in resident #3 loosing balance and falling to the ground. The facility's census was 83. On [DATE] the Administrator was notified of the past noncompliance which began on [DATE]. The facility administration immediately conducted an investigation and corrective actions were implemented. The noncompliance was corrected on [DATE]. Review of facility policy, abuse and neglect, revised [DATE], showed: -Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish, which can include staff to resident abuse and certain resident to resident altercations. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology. -Physical abuse: 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 includes handling a resident with any more force than is reasonable for a resident's proper control, treatment, or management. Physical abuse also includes, but is not limited to, hitting, slapping, punching, biting, and kicking. (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

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	03/10/2025

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Prevention: The facility will identify and correct by providing interventions in which abuse, neglect or misappropriation of resident property is more likely to occur. This will include; assessment of physical environment, which may make abuse or neglect more likely to occur, such as more secluded areas in the facility, the deployment of staff on each shift in sufficient numbers to meet the resident's needs and that the staff are knowledgeable of resident care needs. Supervisors should identify inappropriate behaviors such as; derogatory language and neglectful care. Prevention will also include assessment care planning and monitoring of residents with needs or behaviors which may lead to conflict or neglect. The facility will identify events, patterns and trends that may constitute abuse and investigate thoroughly, notifying the administrator and the proper authorities. -The facility desires to prevent abuse, neglect, and theft by establishing a resident sensitive and resident secure environment. This will be accomplished by comprehensive quality management approach involving the following: concern identification and follow-up. -Environmental Assessment: Assess the environment for circumstances which may make abuse, neglect, or misappropriation of resident items more likely to occur. Examples include, but are not limited to, resident's room far from the nurses' station, in a room with all cognitively impaired residents, dimly lit areas. -Resident Assessment: 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. -Pattern Assessment: Review accidents/incident reports, missing item reports, and safety committee reports to assess possible patterns or trends of suspicious bruising of residents, unexplained accidents, or other occurrences that may constitute abuse, neglect or theft. Based on an assessment of the reports, the facility will further investigate and/or determine whether a change in facility practices is warranted. -Staff supervision: On a regular basis, supervisors will monitor the ability of the staff to meet the needs of residents and staffs understanding of individual resident care needs. Situations such as inappropriate language, insensitive handling, or impersonal care will be corrected as they occur. incident short of willful abuse will be handled through counseling, training, and if necessary or repeated, the facility's progressive discipline policy. -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 from 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 tool completed by facility staff, dated [DATE], showed: -Cognitively intact; (continued on next page)

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	03/10/2025

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She made self-understood and had clear comprehension of others; -He/She had behaviors not directed towards others 1 to 3 days; -He/She required supervision or touching assistance with all cares; -He/She had impairment to both lower extremities in range of motion; Diagnoses included: Multiple sclerosis (an autoimmune disease that can breakdown protective covering of nerves causing numbness, weakness, pain, fatigue, and impaired coordination), depression, manic depression (mental health condition characterized by extreme and alternating mood swings between periods of elevated mood and low mood), psychotic disorder (mental health condition characterized by a loss of touch with reality), and borderline personality disorder (a mental health condition characterized by intense, unstable emotions, impulsive behaviors, and difficulty maintaining healthy relationships). Review of care plan, revised [DATE], showed: -Resident had history of behavioral challenges that required protective oversight in secure setting with behaviors including attention seeking, unsubstantiated claims against staff, mood swings, suicidal threats, sexually inappropriate behaviors, emotional liability, attention seeking behaviors; -Resident's emotional distress was triggered by overwhelming emotions or feelings or memories when people told him/her what to do, when people make promises that they did not keep, when people are yelling, screaming, or fighting, name calling, bullying, or when disrespected; -Engage in activities; -Practice self-care washing face with water, shower, sleeping -Relaxation techniques deep breathing, meditation, praying; -Remove trigger from situation; -Provide safe space; -Verbally De-escalate; -Distraction techniques; -Reduce expectations of situation; -Notify law enforcement when needed; -Positive praise and attention when appropriate; -Allow resident to vent and verbalize; (continued on next page)

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	03/10/2025

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Reduce attention surrounding situation; -After 24 hours meet with him/her to discuss what could have went differently in situation; -Ensure and psychosocial impact was addressed; -Encourage to talk to his/her mother; -Lab monitoring; -PRN medication as needed; Utilizing crisis hotline; -Invite to activities; -Daily behavior tracking; -Provide space to regulate emotions; -Individual counseling sessions. During an interview on [DATE] at 4:02 P.M., Resident #1 said: -Resident #2 always comes out of his/her room and asks him/her for pizza; -Resident #2 was not his/her friend; -He/She had made Resident #2 mad when he/she said she got pizza and Resident #2 was not getting any from him/her; -He/She had promised Resident #2 a piece of pizza; -His/Her mom orders pizza once a month for him/her; -Resident #2 came up and pushed him/her because Resident #2 hates him/her; -CMT A got between him/her and Resident #2 and spread his/her arms; -He/She landed on floor. Review of progress notes showed: -[DATE], skin check was completed and was found normal; (continued on next page)

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	03/10/2025

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-[DATE], Assistant Director of Nursing (ADON) wrote residents were at nurses station and resident said his/her pizza was here and he/she was not sharing with Resident #2. Resident #2 open handed applied force to residents shoulders. Resident's balance lost landing on buttock. Resident again said I told Resident #2 my pizza was here and he/she was not sharing with Resident #2. Resident was immediately separated from Resident #2. A skin assessment and vitals were completed. A medication and lab review was completed. Resident had no complaints of pain or discomfort. Resident verbalized feelings and frustrations. Resident said felt safe in facility and could speak to any staff member. Resident's guardian, primary care provider, psychiatrist, police department, and facility management were notified. No new orders were given. Review of psychosocial post-incident impact questionnaire, dated [DATE], showed: -Resident was the victim; -He/She felt he/she could have not said anything to Resident #2; -He/She felt safe in facility. Review of incident report, dated [DATE], showed: -Nursing description: Residents were at nurses' station and resident said his/her pizza was there but he/she was not sharing with Resident #2. Resident #2 open handed applied force to residents' shoulders. Resident lost balance and landed on buttocks. -Resident description: He/She told Resident #2 his/her pizza was there and he/she was not sharing with Resident #2. -Immediate Action taken: Residents were separated, a skin assessment and vitals were completed, medication and lab reviews were completed, resident had no complaints of pain or discomfort. Resident's guardian, physician, psychiatrist, police department, and management were all notified. No orders were given. -No injuries observed at time of incident; -No predisposing environmental or physiological factors were involved; -Guardian was notified on [DATE] at 1:05 P.M.; -Physician was notified on [DATE] at 1:09 P.M. Review of Resident #2's Quarterly MDS, dated [DATE], showed: -Cognitively mildly impaired; -He/She made self-understood and had clear comprehension of others; -He/She had delusions (misconceptions or beliefs that are firmly held, contrary to reality) (continued on next page)

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	03/10/2025

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She had physical, verbal, and behaviors not directed towards others 1 to 3 days; -He/She required supervision or touching assistance with all cares; -Diagnoses included: traumatic brain injury (TBI) (a brain injury caused by external force, such as a blow or jolt to the head), seizure disorder, schizophrenia (a mental illness that affects how a person thinks, feels, and behaves), post-traumatic stress disorder (PTSD) (a mental health condition developed after a traumatic event causing symptoms of reliving the trauma, avoidance, or hyperarousal), anxiety (an emotion characterized by feelings of fear, worry, and unease), depression (mental health condition characterized by persistent feelings of sadness, loss of interest, and low mood). borderline personality disorder (a mental health condition characterized by intense, unstable emotions, impulsive behaviors, and difficulty maintaining healthy relationships), and schizoaffective disorder (a mental health condition that combines symptoms of schizophrenia and mood disorder). Review of care plan, dated [DATE], showed: -He/She had a history of PTSD, symptoms may flare up without any known trigger. Alterations in reactivity from traumatic event including aggressiveness and self-destructive behaviors; -He/She had history of behavioral challenges that required protective oversight in a secure setting including delusions, paranoia, aggressive, combative, hitting/spitting, self-harm, throwing furniture, intense anger, setting self on fire, breaking a tooth, and other behaviors; -He/She had a history of being triggered by sounds; -Behavior modification plan included removing self from situation, talk to staff, requesting an as needed medication, utilize distress tolerance coping skills, remove trigger from situation, verbally de-escalate, distraction techniques, reduce expectations, reassurance, positive praise and attention, allow to vent, once calm reduce attention surrounding situation, and dialect behavior therapy. -Administer medications as ordered. Monitor/document for side effects; -Anticipate needs of residents; -Monitor behavior episodes and attempt to determine underlying cause. Consider location, time of day, persons involved, and situations. Document behavior and causes. During an interview on [DATE] at 3:13 P.M., Resident #2 said: -Resident #1 continued to use him/her for stuff by using his/her family for money; -He/She no longer has a friendship with Resident #1 but they had been friends; -Resident #1 called his/her aunt for pizza because his/her dad had died . Resident #1 got pizza from her mom and then called his/her aunt for pizza; -Resident #1 would not share his/her pizza with him/her; (continued on next page)

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	03/10/2025

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Resident #1 was supposed to share his/her pizza with him/her but did not; -He/She pushed Resident #1 in hall in his/her stomach; -Resident #1 was taunting him/her by smiling; -CMT A was there when he/she pushed Resident #1; -Staff put him/her in a room for one on one; -Resident #1 got what he/she wanted, the pizza, breadstick, and cinnasticks; -He/She had not been yelling or fighting with Resident #1 earlier in day; -He/She felt safe living in the facility. Review of progress notes showed: -[DATE], Skin check was completed with normal findings; -[DATE], Assistant Director of Nursing (ADON) wrote residents were at nurses' station. Resident open-handed applied force to peers shoulders. Peer lost balance landing on buttock. Resident stated that Resident #1 had said he was not going to share his/her pizza with him/her so he/she open handed applied force to peers shoulders. Residents were immediately separated. Resident was immediately placed on a one on one protective oversight, a skin assessment was completed, vitals were taken, and resident was able to verbalize feelings of frustration. Resident went over his/her safety plan and coping skills with staff. Resident resided on different hall than Resident #1. Medication and lab reviews were completed. Resident's guardian, primary care physician, management, psychiatric doctor, police department were all notified. No new orders were given by the physician. Review of psychosocial post-incident impact questionnaire, dated [DATE], showed: -Resident was aggressor; -He/She tried to hurt themselves because Resident #1 went off on him/her and he/she just snapped; -He/She felt he/she could have walked away and went to staff to respond differently to situation; -He/She felt safe. Review of incident report involving Resident #1 and Resident #2, dated [DATE], showed: -Physical aggression not involving head; -Nursing description showed: Residents were at nurses station, resident open-handed applied force to peers shoulders. Peer lost balance landing on buttock. (continued on next page)

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	03/10/2025

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Resident description showed: Resident #1 was not going to share his/her pizza with resident so he/she open-handed applied force to peers shoulders. -Immediate action taken: Resident #1 and Resident #2 were separated. Resident was placed on one on one protective oversight, skin assessment, vitals, resident was able to verbalize feelings of frustration, reviewed safety plan and coping skills, medication and laboratory reviews were completed, and parties notified included police, guardian, physician, and management; -No injury was observed; -Predisposing physiological factors included resident was agitated and anxious. Review of Administrator/RN Investigation, dated [DATE], showed: -Physical aggression not involving the head; -Involved Resident #1 and Resident #2; -Witness to altercation included one staff member, Certified Medication Technician (CMT) A; -Written witness statements was obtained from CMT A; -Guardian was notified by the Assistant Director of Nursing (ADON) on [DATE] at 1:12 P.M; -Physician was notified on [DATE] at 1:16 P.M; -Conclusion of investigation showed: Resident #2 felt Resident #1 was rubbing it in his/her face that he/she got pizza and did not want to share the pizza. Resident #2 open handedly applied force to Resident #1 causing him/her to lose balance. Resident #2 was placed on one on one for protective oversight. Skin assessments were completed on both residents, med review completed with no new orders, labs were reviewed, and a urinalysis was obtained on both residents; -The incident resulted from physical abuse; -This was an observed physical altercation; -The altercation was not accidental; -Steps taken to prevent further occurrence included intensive monitoring. Review of witness statement showed CMT A wrote he/she saw Resident #2 go up to Resident #1 and open handed push Resident #1 by his/her shoulders. Resident #1 fell and landed on her bottom. Review of follow up reporting form, dated [DATE], showed: -The allegation was verified by evidence collected during the investigation. Resident #2 made contact with Resident #1. (continued on next page)

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	03/10/2025

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Corrective action included both Resident #1 and Resident #2 were verbally de-escalated and allowed to vent their feelings. Resident #2 was placed on one on one, the interdisciplinary team met to implement a positive behavior re-enforcement plan with rewards, both Resident #1 and Resident #2 were enrolled in counseling services, reviewed coping skills and triggers with both residents. During an interview on [DATE] at 3:24 P.M., CMT A said: -Resident #2 got mad that Resident #1 did not share his/her pizza; -Resident #2 had said that Resident #1 had previously told Resident #2 he/she would get a slice of pizza; -Resident #2 had previously been in an upset mood because another resident had screamed at her to get away from the door that Resident #2 was standing at looking out the window; -Resident #2 was triggered by another resident yelling at her thirty minutes prior to Resident #2 shoving Resident #1. -Resident #2 had asked for an as needed (PRN) medication; -Resident #2 pushed Resident #1 fifteen minutes after medication was administered to Resident #2; -Resident #2 had came to him/her and asked for him/her to talk to him/her; -He/She called and obtained approval to administer Resident #2's PRN medication; -He/She was located outside dining room passing medications when Resident #2 and Resident #1 got into the altercation outside of dining room; -He/She called a code green which is the facility behavior code for staff to come immediately and provide assistance; -Resident #1 got up from floor and went to his/her room; -Resident #2 was put on an immediate one on one; -Resident #1 talked it out with the charge nurse; -Resident #2's PRN medication kicked in and Resident #2 was calm the rest of the day. 2. Review of Resident #3's Annual MDS, dated [DATE], showed: -Cognition intact; -He/She made self-understood and had clear comprehension of others; -He/She had verbal behaviors and behaviors not directed towards others occurred 1 to 3 days; (continued on next page)

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	03/10/2025

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She had no physical behavioral symptoms; -He/She required supervision or touching assistance with all cares; -Diagnoses included: arthritis, dementia (a group of brain disorders that causes progressive decline in cognitive function, memory, and behavior), schizophrenia (a mental illness that affects how a person thinks, feels, and behaves), PTSD, extrapyramidal and movement disorder (a drug side effect induced movement disorder causing tremors, stiffness, and restlessness), personality disorder (a mental health condition that disrupts how a person thinks, feels, and behaves or relates to the average person), and bipolar affective disorder (a chronic mental health condition characterized by extreme mood swings between elevated mood and depression). Review of care plan, revised [DATE], showed: -He/She was involved in a one to one altercation with another resident whom applied open hand force to his/her chest causing him/her to lose balance and stumble into a wall. Resident pushed his/her walker away to where he/she was unable to reach it; -Initiate neuros; -Complete skin assessment and take vitals; -Notify physician, guardian, director of nursing, administrator, and police department; -Separate from other resident and place on one on one protective oversight; -He/She had history of behavioral challenges that required protective oversight in a secure settings; -Behavior modification program as needed; -Calm technique as needed; -None pharmaceutical interventions: 1:1 interventions as needed; -He/She was triggered by others yelling and no one was listening to him/her; -He/She had manifestations of behaviors due to his/her mental illness that may create disturbances that affect others include verbal aggression with peers, making false statements about peers, and inappropriate sexual comments to peers. During an interview on [DATE], at 2:50 P.M., Resident #3 said: -He/She had been going to Resident #4's bedroom to play on device with Resident #4; -Resident #4 came up and shoved both his/her shoulders and then kicked wheel of walker; (continued on next page)

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	03/10/2025

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Resident #4 had been acting strange prior to shoving him/her by calling him/her names and curse words in smoke room; -Staff had been in smoke room with him/her; -He/She hit floor hard when Resident #4 shoved him/her; -He/She had degenerative disk disease and felt his/her spine popped when he/she was shoved down; -Facility staff called a code green which means a fight or blood shed; -Certified Medication Technician (CMT) A was there; -When he/she stood up from being shoved to the floor to obtain his/her walker, Resident #4 kicked wheel of my walker causing him/her to fall a second time;; -Police and ambulance showed up after Resident #4 shoved him/her. Review of progress notes showed: -[DATE], Skin check was completed with no pain and normal findings; -[DATE], at 5:05 P.M., neurological check (a medical assessment that evaluates the function of the brain, spinal cord, and nerves, assessing mental status, motor and sensory functions, reflexes, and coordination to identify potential neurological issues) was completed, showed vitals within normal limits, pain level was at a 4, and pupils were equal, round, and reactive to light and accommodation; -[DATE], at 5:20 P.M., neurological check was completed, vitals were within normal limits, showed pain level was at a 4, pupils were equal, round, and reactive to light and accommodation; -[DATE] at 5:35 P.M., neurological check was completed, vitals were within normal limits, showed pain level at a 4, pupils were equal, round, and reactive to light and accommodation; -[DATE] at 5:55 P.M., ADON wrote resident #3 was ambulating past Resident #4's bedroom doorway and asked Resident #4 if he/she wanted to play cards. Resident #4 voiced that he/she had been playing cards on and off all day. Resident #4 then began shouting at Resident #3. Resident #4 then stepped forward out of his/her room, open handed applied force to Resident #3's chest, causing Resident #3 to lose balance and stumble backwards into the wall. Resident #4 then took Resident #3's wheeled walker and threw it away from Resident #3 so he/she could not reach it. Resident #4 then yelled at staff and got in face of dietary aid using his/her fingers to shove his/her nose and forehead back causing dietary aid's head to hit the wall. A Code green was called, residents were separated from each other. A skin assessment was completed, vitals were taken, and neurological assessments were initiated. Notifications were made to DON, Administrator, Primary Care physician, guardian, police department, psychiatrist. No new orders were received. Police responded to facility. Review of psychosocial post-incident impact questionnaire, dated [DATE], showed: -Resident was the victim; (continued on next page)

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	03/10/2025

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She felt safe; -He/She had no after effects from incident. Review of incident report involving Resident #3 and Resident #4, dated [DATE], showed: -Physical aggression involving head; -Nursing description showed: Resident #3 was ambulating past Resident #4's doorway and asked Resident #4 if he/she wanted to play cards: -Resident description: Residents voiced they had been playing cards off and on all day. Resident #4 started shouting at Resident #3. Resident #4 stepped out of his/her room and open handed applied force to Resident #3's chest, causing Resident #3 to lose balance and stumble backwards into the wall. Resident #4 then took Resident #3's wheeled walker and threw it away from Resident #3 so he/she could not reach the walker. Resident #4 then yelled at staff and got in face of dietary aide using his/her finger to shove dietary aides nose and forehead causing dietary aids head to hit the wall. -Immediate action taken: Resident #3 and #4 were separated, skin assessments, vitals, neurological assessments were implemented. The guardian, physician, DON, Administrator, and psychiatrist were notified. No new orders were received. Police department contacted and responded. Resident #4 taken to hospital for evaluation. -No injury was observed; -Predisposing factors showed no physiological, environmental, or situational factors were none. -Witness statements were obtained from CMT A. Review of Administrator/RN Investigation, dated [DATE], showed: -Physical aggression not involving head; -Involved Resident #3 and #4; -Witness to altercation included one staff member, CMT A; -Witness statement was obtained from CMT A; -Guardian was notified by the ADON on [DATE] at 5:44 P.M.; -Physician was notified by the ADON on [DATE] at 5:25 P.M.; (continued on next page)

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	03/10/2025

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Conclusion of investigation showed: Code green was called. Resident #3 and #4 were immediately separated. Resident #4 was placed on one on one and sent to hospital for evaluation. Skin assessment was completed on Resident #4 with no findings. Skin assessment was completed on Resident #3 with red marks noted on his/her bilateral chest and left arm. Resident #3 rated his/her pain a 0 on a ,d+[DATE] sale. Psychological assessments were completed. Police department was contacted at 5:05 P.M. State agency was notified at 6:20 P.M. -Care plan changes and interventions: Resident #4 place don one on one for protective oversight. Resident #3 and #4 were placed on separate smoke groups. Residents #3 and #4 reside on different halls of facility. Medication reviews were completed by psychiatric nurse practitioner. No new orders were received for Resident #3. Resident #4 received no new orders but his/her medications were adjusted on [DATE] with new order for Ativan .5mg three times a day from previous order of .5 clonazepam three times a day. Labs were reviewed. Resident #4's labs were within normal limits. Counseling referrals were made for both residents. Interdisciplinary team meetings completed with both residents. Resident #4 was placed on resident focused interview two times weekly. Resident #4 returned from hospital with diagnosis of RSV; -The incident resulted from physical abuse; -This was an observed physical altercation; -The altercation was not accidental; -Steps taken to prevent further occurrence included intensive monitoring. Facility did not provide CMT A witness statement for this investigation. Review of follow up reporting form, dated [DATE], showed: -The allegation was reported to outside agency, the police department on [DATE] at 5:05 P.M. -The allegation was verified by evidence collected during the investigation. Resident #4 made contact with Resident #3. -Corrective action included both Resident #3 and Resident #4 were separated, verbally de-escalated, and allowed to vent and verbalized their feelings. Resident #4 was placed on a one on one protective oversight supervision and remained on one on one supervision. Both Resident #3 and #4 were referred to counseling. Resident #4 had referral in for dialect behavioral therapy (DBT). The interdisciplinary team met. Positive behavior reinforcement plan with rewards was put in placed. Reviewed coping skills and triggers on both residents with staff. A medication review was completed with the psychiatry nurse practitioner. Labs were reviewed and no new orders. -Resident #4 to receive resident focused interviews five times weekly. During an interview on [DATE] at 3:11 P.M., Housekeeper A said: -He/She was providing one on one monitoring of resident; (continued on next page)

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	03/10/2025

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She completed a one on one monitoring form while providing monitoring of resident. During an interview on [DATE] at 3:24 P.M., CMT A said: -Resident #4 had been in an irritable mood all day; -Resident #4's irritation had not been directed at any specific person; -He/She had not seen Resident #4 targeting Resident #3 until she heard the altercation; -He/She heard Resident #4 holler get out; -He/She went around corner to observed Resident #4 shove Resident #3 in the shoulder; -Resident #3 stumbled backwards and fell to ground; -Resident #4 continued yelling at Resident #3; -He/She got in the middle of Resident #3 and Resident #4; -Resident #4 reached around me and shoved Resident #3 a second time and Resident #3 fell to ground; -Resident #3 had gotten his/her self up from floor after being shoved by Resident #4 the first time and was in process of walking to his/her room; -He/She called a code green over his/her walkie; -Staff responded to the unit to assist him/her; -Resident #4 also pushed Dietary Aide A in forehead into the wall; -He/She checked Resident #3 over and found no concerns and Resident #3 did not complain of any pain; -Resident #3 complained of pain next morning and he/she notified the Director of Nursing; -Resident #4 was put on one on one supervision; -The police department was notified and responded to the facility and Resident #4 did not speak to police department; -Emergency Medical Services (EMS) also responded and escorted Resident #4 to the ambulance; -Resident #4 was sent back from the emergency room with a diagnosis of Respiratory Syncytial Virus (RSV) (an infection of the lungs and respiratory tract). -He/She did not know how long resident #4 would be on one on one supervision. (continued on next page)

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	03/10/2025

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of facility documentation showed on [DATE] an in-service was held with fifty-five facility staff participating which included abuse and neglect policy, one on one protective oversight monitoring expectations, verbal de-escalation, residents not to stand in lines to prevent possible altercations. During an interview on [DATE] at 3:24 P.M., CMT A said the facility went over abuse and neglect policy with staff on [DATE]. During an interview on [DATE] at 4:40 P.M., Administrator said he expected residents to be free from abuse while residing in facility. During an interview on [DATE] at 4:40 P.M., Director of Nursing said she expected residents to be free from any abuse while residing in facility MO250388 and MO250655