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	05/21/2025

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 - 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** Based on interview, observation, and record review, the facility failed to protect one resident (Resident #1) from physical abuse when another resident (Resident #2) grabbed Resident #1 by the back of the shirt and hair, causing Resident #1 to lose his/her balance and fall to the ground. Resident #2 then made closed hand contact with Resident #1's face. The facility's census was 81. Review of the facility policy titled, Abuse and Neglect Policy, dated 6/12/24, showed: -It is the policy of the this facility to report all allegations of abuse/neglect/exploitation or mistreatment, including injuries of unknown sources and misappropriation of resident property are reported immediately to the Administrator of the facility and to other appropriate agencies with current state and federal regulations within prescribed time frames; -Abuse is defined as 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. In includes verbal, sexual, physical and mental abuse including abuse facilitated or enabled through the use of technology; -Physical abuse is defined as purposefully beating, striking, wounding, or injuring any resident tor 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; -Abuse Prevention and Intervention: 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 that would reduce the chances of mistreatment of these residents. 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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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Pattern Assessment. Review accident/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 investigation and/or determine whether a change in Facility practices is warranted; 1. Review of Resident #1's medical record showed the resident has the diagnoses of schizophrenia (a chronic brain disorder that affects a person's ability to think, feel, and behave clearly), diabetes mellitus type 2 (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), adjustment disorder with anxiety (a mental health condition where an individual experiences significant emotional or behavioral difficulty in response to a stressful life event or change), attention deficit hyperactive disorder (a chronic condition including attention difficulty, hyperactivity, and impulsiveness), major depressive disorder (a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life), anxiety disorder (a mental health disorder characterized by severe, ongoing anxiety that interferes with daily activities), traumatic subarachnoid hemorrhage (a condition where bleeding occurs in the subarachnoid space, the area between the brain and the surrounding membranes, due to head trauma), drug-induced Parkinsonism (a movement disorder that mimics Parkinson's disease and is caused by medications that interfere with dopamine transmission in the brain), psychosis (a mental disorder characterized by a disconnection from reality). Review of the resident's quarterly Minimum Data Set (MDS, a federally mandated assessment completed by staff) dated 5/6/25, showed: -The resident had adequate hearing, clear speech, able to make self understood and understands others. -He/She scored 15 on the Brief Interview for Mental Status (BIMS, a structured evaluation aimed at evaluating aspects of cognition in elderly patients). This score indicates no cognitive impairment. -The resident displayed behaviors including rejection of care. Review of the resident's comprehensive care plan dated 5/9/25 showed: - Interventions related to plans to discharge to the community, guardianship, anxiety, schizophrenia, behaviors/altercation with other resident (resident's separated, allowed to vent feelings, medications reviewed), elopement risk. 2. Review of Resident #2's medical record showed he/she has the diagnoses of anxiety disorder, schizophrenia, bipolar disorder (a mental health condition characterized by periodic, intense emotional states affecting a person's mood, energy, and ability to function), history of traumatic brain injury, falls, borderline intellectual function (a condition that involves limitations on intelligence, learning and everyday abilities necessary to live independently), attention deficit hyperactive disorder, borderline personality disorder (a personality disorder characterized by severe mood swings, impulsive behavior, and difficulty forming stable personal relationships), impulse disorder (a behavioral condition that makes it difficult to control one's actions or reactions), epilepsy (a disorder in which nerve cell activity in the brain is disturbed, causing seizures). (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the resident's quarterly MDS dated [DATE] showed; -The resident had adequate hearing, clear speech, able to make self understood and understands others; -He/She scored 12 on the BIMS, indicating moderate cognitive impairment. The resident displays delusions, physical and verbal behaviors. Review of the resident's comprehensive care plan dated 5/9/25, showed: -Interventions related to guardianship, elopement risk, behaviors (intense anger, aggression, delusions), post-traumatic stress disorder (PTSD), behavior modification plan (remove self from situation, talk to staff member, request as needed medication, utilize coping skills, use distraction techniques, reduce expectation of situation, offer positive praise, working on skill building strategies to use on a daily basis to assist in learning to control negative behaviors, develop a structured environment, one on one counseling, dialectical behavior therapy (DBT, a form of talk therapy that helps an individual regulate emotions, foster healthy relationships, and tolerate distress)), altercation with another resident (residents separated, Resident #2 placed on one to one supervision, medication review), resident was a smoker, and decreased cognition. Review of Resident #2's progress notes showed: 5/9/25 The resident grabbed Resident #1's back the back of the shirt and hair because the Resident #1 was wearing Resident #2's shirt. Resident #1 lost his/her balance and fell to the floor. Resident #2 then made closed hand contact to the Resident #1's face. The residents were separated and Resident #2 was placed on one to one supervision. The residents were assessed. Resident #1 was found to have an abrasion to his/her neck. Resident #2 had an abrasion to right pinky finger; 5/14/25 The resident continues to be on one to one supervision for safety and oversite. Review of the facility investigation showed on 5/9/25 at 9:20 AM, both residents were sitting in the common sitting area of the dining room. Resident #2 stated to Resident #1 Hey, that's my shirt you have on. Resident #2 stated The laundry person delivered it to me. Resident #2 stated That's my shirt and I want it back now. Resident #1 stated You are such a bitch, you act just like my little nephews. Both residents then ambulated up the hall. Resident #2 grasped Resident #1's hair and shirt. Resident #1 lost his/her balance and slowly went down to the floor on his/her bottom. Resident #2 then made closed hand contact to Resident #1's face. The resident's were immediately separated. Resident #1 was accompanied by staff to his/her room to vent and verbalize frustrations. Resident #2 was placed on one to one supervision. Both residents were given PRN (as needed) medication. Skin assessments were completed on both residents. Resident #1 was found to have a small abrasion to his/her throat. Resident #2 was found to have an abrasion to the right pinky finger. Medication reviews were conducted for both residents with the physician and psychiatric nurse practitioner. Medications adjustments were made for both residents. Resident #1 returned the shirt to Resident #2. Laundry staff were educated on properly identifying resident's clothing. Observation of Resident #2 on 5/14/25 at 2:35 P.M. showed Resident #2 eating lunch in his/her room with the one to one supervision by a staff member. (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 5/14/25 at 2:37 P.M., Resident #2 said: -He/She was doing well and felt safe at the facility; -He/She did not recall the incident with Resident #1. During an interview on 5/14/24 at 2:40 P.M., Resident #1 said: -He/She was doing well and felt safe at the facility; -He/She did not realize the shirt belonged to Resident #2, as it was is Resident #1's closet; -Resident #2 was angry a lot and causes problems on the unit. It can get scary sometimes because Resident#2 yells and throws things. During an interview on 5/14/25 at 4:15 P.M., the physician said: -He/She just deals with the resident's medical needs; -The facility has a psychiatric nurse practitioner and a whole psychiatric team that takes care of any of the psychiatric needs of the residents; -There is a strict separation between what the physician does and what the psychiatric team does; -He/She was last in the facility on 5/15/25 but Resident #2 was not on the list to be seen; -He/She has not been notified of any behaviors or incidents involving Resident #2. However, he/she does not expect to be notified of behaviors due to the separation between the psychiatric team and the physician; -He/She would expect normal protocol to be followed and if Resident #2 is having behavior and being more aggressive, the psychiatric team would be notified and to go from there. During an interview on 5/14/25 at 4:12 P.M., the Corporate Nurse Consultant said: -Resident #2 is constantly escalating and de-escalating. He/She will say I'm going to be good and will turn around and have an altercation; -There is a pattern of when Resident #2 comes off of one on one supervision, he/she will eventually have another altercation; -The resident should stay on one to one supervision. The facility is seeking alternate placement for the resident. During an interview on 5/21/25 at 1:37 P.M., the psychiatric nurse practitioner said: -He/She is very familiar with Resident #2; (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Resident #2 is very difficult to treat due to the extent of his/her borderline personality disorder; -When Resident #2 does not get his/her way, he/she will have an outburst; -Resident #2 displays self-sabotaging behaviors. He/She will talk about going to a different facility, then the day before going to visit the facility, he/she will have another altercation. The new facility will then not accept Resident #2 due to behaviors; -When Resident #2 comes off of one to one supervision, he/she does well until he/she does not get his/her way. Then Resident #2 has explosive behaviors unless a staff member is right there to remind him/her to use coping and calming techniques; -Resident #2 should remain on one to one supervision for his/her safety, and the safety of the staff and other residents. During an interview on 5/14/25 at 2:59 P.M., the Administrator said: -He has received direction from corporate leadership to cut back on one on one supervision for Resident #2, to cut back on the cost of staff overtime; - Every time he backs off one on one supervision for Resident #2, the resident gets into a resident to resident altercation with another resident; -There is no plan at this time to remove Resident #2 from one to one supervision; -Resident #2 does well for a while and well be changed to 15 minute checks. Then something will trigger him/her, and then he/she will lash out; -The facility continues to work with the counselor and psychiatric nurse practitioner to support Resident #2 in learning coping skills. MO253985