

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265800	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2025
NAME OF PROVIDER OR SUPPLIER Gower Convalescent Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 323 South Highway 169 Gower, MO 64454	

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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44939</p> <p>Based on observation, interview, and record review, the facility failed to protect Resident #1's right to be free from abuse when Resident #2 grabbed Resident #1 by the hair and jerked his/her head around. Facility census was 78.</p> <p>Review of the facility policy titled, Abuse and Neglect, dated 9/29/2017, showed:</p> <p>-The residents of the facility have the right to be free from physical abuse. Residents of the facility must not be subjected to abuse or neglect by anyone. It is the responsibility of our employees, facility consultants, attending physicians, family members, visitors, etc., to promptly report any incident or suspected incident of neglect or resident abuse, including injuries of unknown source, and theft or misappropriation of resident property to the facility management team. Our facility will not condone resident abuse by anyone.</p> <p>- If a resident is observed/accused of abusing another resident, our facility will implement the following actions:</p> <ul style="list-style-type: none"> -Remove the aggressor from the situation of the aggressor is still in the area in which the incident occurred. -Temporarily separate the resident from other residents as a therapeutic intervention to help lower the agitation. -Determine the environment or possible triggers leading up to the incident. -Initiate a discussion with the resident if possible to determine the cause of the agitation. -Determine if the resident's emotional needs such as boredom, depression, or loneliness are being met. - Notify the family or responsible party. -Notify the resident's Physician. -Document the behavior and interventions. <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265800	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2025
NAME OF PROVIDER OR SUPPLIER Gower Convalescent Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 323 South Highway 169 Gower, MO 64454	
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)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Use the Consulting Psychiatric Services when appropriate and available.</p> <p>-Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.</p> <p>-Physical abuse includes hitting, slapping, pinching, and kicking.</p> <p>1. Review of Resident #1's quarterly Minimum Data Set (MDS, a federally mandated assessment completed by staff) dated 1/22/2025, showed:</p> <p>-The resident's diagnoses included: Dementia (a group of thinking and social symptoms that interferes with daily functioning), senile degeneration of the brain (a general term for a group of neurological disorders that cause a decline in cognitive function), Bells Palsy (a condition that causes sudden weakness in the muscles on one side of the face), anxiety disorder (a mental health disorder characterized by severe, ongoing anxiety that interferes with daily activities), major depressive disorder (a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life);</p> <p>- He/She has moderate difficulty hearing, clear speech, usually understands others and usually makes self understood;</p> <p>-He/She scored one on the Brief Interview for Mental Status (BIMS, a structured evaluation aimed at evaluating aspects of cognition in elderly patients). This score indicated severely impaired cognitive abilities;</p> <p>-He/She has displayed no behaviors.</p> <p>Review of Resident #1's comprehensive care plan, dated 2/26/2025, showed:</p> <p>-He/She had dementia and senile degeneration of the brain.</p> <p>-He/She is slow to process information and have word finding problems.</p> <p>-He/She has anxiety and does not remember he/she lives at the facility.</p> <p>-Keep the resident away from Resident #2.</p> <p>2. Review of Resident #2's annual MDS, dated [DATE], showed:</p> <p>-Diagnoses included: Alzheimer's Disease (a progressive disease that destroys memory and other important mental functions), severe dementia, generalized anxiety disorder major depressive aphasia (a language disorder that affects a person's ability to communicate);</p> <p>-He/She has adequate hearing, clear speech, understands others and makes self understood;</p> <p>-He/She scored 3 on the BIMS. This score indicates severely impaired cognitive abilities;</p> <p>-He/She has displayed no behaviors.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265800	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2025
NAME OF PROVIDER OR SUPPLIER Gower Convalescent Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 323 South Highway 169 Gower, MO 64454	
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)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's comprehensive care plan, dated 2/25/2025, showed:</p> <ul style="list-style-type: none"> -The resident has physical and verbal behavioral symptoms directed toward others at times (calling names, cussing, hitting, kicking, pushing, scratching, grabbing). -Allow distance in seating (arms length) other residents around resident. -Avoid over-stimulation. Keep away from Resident #1. -Seat Resident #2 where constant/near constant observation is possible. -When he/she becomes physically abusive, keep distance between him/her and others (staff, other residents, visitors). <p>Review of Resident #2's progress notes showed:</p> <ul style="list-style-type: none"> -2/24/2025 at 6:33 P.M.: Resident #2 was brought back from the dining room, he/she had been telling another resident he/she needs to go to the hospital, yelling take him/her to the hospital. Resident #2 was in the area by the nursing station and he/she was wanting the resident next to him/her, Resident #1, to not be crazy over the baby doll. Resident #1 came up behind Resident #2, grabbed Resident #1's ponytail, and shaking Resident #1's head all around and would not let go. Staff assisted Resident #2 to his/her room and assisted to bed. Staff notified the resident's families and physician of the incident; -2/24/2025 at 6:55 P.M.: Resident #2 has been placed on 15 minute checks related to behaviors; -2/24/2025 at 7:05 P.M.: Resident #2 will be separated and supervised while around other residents. <p>During an interview on 3/31/25 at 10:34 A.M., CNA A stated:</p> <ul style="list-style-type: none"> -He/she was working the evening of 2/24/25. Resident #2 had just come back from dinner and was sitting at the nurses station, near Resident #1. -CNA A was cleaning a wheelchair and facing away from the residents. CNA A heard Resident #1 scream. CNA A turned around and saw Resident #2 had a hold of Resident #1's hair and pulling his/her head around. -CNA A went toward the residents and the charge nurse also got up from behind the desk to separate the residents. CNA A helped Resident #2 to let go of Resident #1's hair and assisted Resident #2 to his/her room. <p>During an interview on 3/31/25 at 4:01 P.M., Licensed Practical Nurse (LPN) A said:</p> <ul style="list-style-type: none"> -He/She was working of 2/24/25. Between 6:30 and 7:00 P.M., both residents were sitting by the nurses station. LPN A heard Resident #1 yell and looked up at the residents. Resident #2 had come up behind Resident #1, had grabbed Resident #1's hair and was pulling his/her head around. LPN A and CNA A assisted in separating the residents, and Resident #2 was assisted to his/her room. Resident #1 was assessed and there were no injuries noted; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265800	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2025
NAME OF PROVIDER OR SUPPLIER Gower Convalescent Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 323 South Highway 169 Gower, MO 64454	
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)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Earlier in the evening, Resident #2 became upset at dinner, yelling at another resident that they needed to get away from the table and staff brought Resident #2 back to the nurses station;</p> <p>-Resident #2 does have to be monitored for behaviors, as he/she yells at other residents and can be mean.</p> <p>Review of the facility investigation, dated 2/26/2025, showed:</p> <p>-On the evening of 2/24/2025, staff at the nurses station heard a scream. Upon investigation, found Resident #2 holding onto Resident #1's ponytail and shaking his/her head around;</p> <p>-Certified Nurses Assistant (CNA) A said that around 6:15 P.M. - 6:30 P.M., he/she was washing a wheelchair when he/she heard a loud scream come from Resident #1. When CNA A looked over, Resident #2 had a very tight grip on Resident #1's hair. The charge nurse stepped in and removed Resident #2's hand from Resident #1's hair. No one else witnessed the incident.</p> <p>During an interview on 3/17/2025 at 1:07 P.M., the Director of Nursing said staff responded appropriately to the incident.</p> <p>During an interview on 3/17/2025 at 1:07 P.M., the Administrator said staff responded appropriately to the incident.</p> <p>During a follow up interview on 3/31/25 at 9:50 A.M., the Administrator and Director of Nursing said:</p> <p>-As defined by the facility policy, abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish. Physical abuse includes hitting, slapping, pinching and kicking. It also includes controlling behavior through corporal punishment;</p> <p>-The Director of Nursing stated that the incident was reported to the state agency because it is her understanding that resident to resident altercations be reported;</p> <p>-The Administrator stated that the facility reported the resident to resident altercation to the state agency because the facility should report any and all resident to resident altercations.</p> <p>During an interview on 3/31/25 at 11:56 A.M., the Physician said:</p> <p>-He/She was notified by the facility of the incident;</p> <p>-He/She is unsure who gave the order for Resident #2 be placed on 15 minute checks for observation. He/She did not give that order;</p> <p>-Resident #2's actions toward Resident #1 are abuse.</p> <p>MO250135</p>		