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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>26A378 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                  | (X3) DATE SURVEY COMPLETED<br><br>05/30/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Sylvia G Thompson Residence Center, Inc |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>3333 W Tenth Street<br>Sedalia, MO 65301 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
|---|---|
| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43024</b></p> <p>Based on interview and record review, facility staff failed to report to the Department of Health and Senior Services (DHSS) two allegations of resident abuse with three residents (Resident #1, Resident #2, and Resident #4) out of four sampled residents within the required two hour timeframe. The facility census was 120.</p> <p>1. Review of the facility's Abuse Prohibition Policy, dated August 4, 2023, showed it is the policy of the facility to investigate any incident or allegation of suspected abuse, injury of unknown origin, neglect or misappropriation of resident's property. The facility will not permit residents to be subjected to abuse by anyone, to include staff members, other residents, consultants, volunteers, staff of other agencies that serve the resident, family members, legal guardians, sponsors, friend, or other individuals.</p> <p>Review of the facility's Internal investigations policy, dated December 2021, showed staff are directed to investigate and include documentation of detailed descriptions of the suspected violation, details of the investigative process, copies of the notes and interviews, corrective actions or remedies taken and notifying law enforcement or state/federal authorities.</p> <p>2. Review of Resident #1's Admission Minimum Data Set (MDS), a federally mandated assessment tool, dated 4/18/24, showed staff assessed the resident with severe cognitive impairment.</p> <p>Review of Resident #1's nurses notes, dated 4/19/24, showed staff documented Resident #1 went to Resident #3, who was sitting on the couch, removed Resident #3 blanket off of Resident #3 and Resident #1 struck Resident #3 on the stomach with a closed fist. Review of Resident #1 nurses notes did not contain documentation staff notified DHSS of the altercation.</p> <p>Review of Resident #1's nurses notes, dated 5/2/24, showed staff documented at 6:12 P.M., Resident #1 kicked and hit Resident #2. Staff documented Resident #1 got a little too close to Resident #2 and Resident #1 raised his/her hand up, backhanded and pushed Resident #2. Review of Resident #1 nurses notes did not contain documentation staff notified DHSS of the altercation.</p> <p>Review of the facility's resident to resident investigation log did not contain documentation staff notified DHSS with the two hour timeframe for the altercations on 04/19/24 and 05/02/24.</p> <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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>During an interview on 5/29/24 at 12:23 P.M., Certified Nursing Assistant (CNA) C said Resident #1 was easily aggravated with Resident #2, and Resident #4. The CNA said he/she tried to make sure the resident were never close to each other. He/She said the resident had a foul mouth and did not like other residents in his/her personal space and would get physical if space was intruded on.</p> <p>3. Review of Resident #2's Admission MDS, dated [DATE], showed staff assessed the resident with severe cognitive impairment.</p> <p>Review of Resident #2's nurses notes, dated 5/2/24, showed staff documented at 6:18 P.M., Resident #1 backhanded and pushed Resident #2 away. Review of Resident #2 nurses notes did not contain documentation staff notified DHSS within the required two hour timeframe.</p> <p>During an interview on 5/29/24 at 2:23 P.M., the administrator said no one reported an incident to him/her on 5/2/24 so he/she did not report the incident to state.</p> <p>During an interview on 6/13/24 at 9:09 A.M., Licensed Practical Nurse (LPN) A said he/she believes he/she reported the resident altercation but it has been over a month so he/she was not certain.</p> <p>4. Review of Resident #4's Quarterly MDS, dated [DATE], showed staff assessed the resident as severely cognitively impaired.</p> <p>Review of Resident #4's nurses notes, dated 5/19/24 at 2:31 P.M., showed staff documented Resident #1 hand grazed Resident #4's left cheek. Review showed the nurses notes did not contain documentation staff notified DHSS within the required two hour timeframe.</p> <p>Review of the facilities staff written statements, dated 5/19/24, showed staff documented Resident #1 displayed agitated behaviors that morning. Resident #1 was up wondering around the memory care unit when he/she approached Resident #4, who was also wondering the unit. Resident #1 raised his/her arms and grazed the cheek of resident #4. The nurse did not know if the incident was purposeful, the aide reported the movement to be purposeful and stated resident #1 swung on resident #4 due to agitation. The administrator documented he/she felt Resident #1 did not intentionally hit Resident #4. The facility statement did not contain documentation staff notified DHSS within the required timeframe.</p> <p>5 During an interview on 5/29/24 at 2:23 P.M., the administrator said staff are recalling incidents to the nurses that aren't all the way true in hopes to remove Resident #1 out of the facility, he/she said the nurses are documenting what the other staff say. He/She does not believe that there is falsifying of records but that it is not always reported correctly.</p> <p>During an interview on 5/30/24 at 3:01 P.M., the administrator said he/she wanted to provide some additional information. He/She said he/she is not sure the staff documenting the incidents didn't actually witness these things that are documented. He/She said he/she believes several incidents were very embellished because staff knew he/she would self-report. He/She said he/she did self report when he/she felt a true incident had occurred.</p> <p>MO00236612</p> |   |  |

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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43024</b></p> <p>Based on interview and record review, facility staff failed to thoroughly investigate two allegations of resident abuse with three residents (Resident #1, Resident #2, and Resident #4). The facility census was 120.</p> <p>1. Review of the facility's Abuse Prohibition Policy, dated August 4, 2023, showed it is the policy of the facility to investigate any incident or allegation of suspected abuse, injury of unknown origin, neglect or misappropriation of resident's property. The facility will not permit residents to be subjected to abuse by anyone, to include staff members, other residents, consultants, volunteers, staff of other agencies that serve the resident, family members, legal guardians, sponsors, friend, or other individuals.</p> <p>Review of the facility's internal investigations policy, dated December 2021, showed staff are directed to investigate and include documentation of detailed descriptions of the suspected violation, details of the investigative process, copies of the notes and interviews, corrective actions or remedies taken and notifying law enforcement or state/federal authorities.</p> <p>2. Review of Resident #1's Admission Minimum Data Set (MDS), a federally mandated assessment tool, dated 4/18/24, showed staff assessed the resident with severe cognitive impairment.</p> <p>Review of Resident #1's nurses notes, dated 5/2/24, showed staff documented at 6:12 P.M., resident kicked and hit Resident #2. Staff documented Resident #1 got a little too close to Resident #2 and Resident #1 raised his/her hand up, backhanded and pushed the Resident #2 away.</p> <p>Review of the facility's resident to resident investigation log did not contain documentation staff investigated the altercation between Resident #1 and Resident #2.</p> <p>4. During an interview on 5/29/24 at 2:23 P.M., the administrator said no one reported an incident to him/her on 5/2/24 so he/she did not investigate the incident or report to the Department of Health and Senior Services (DHSS).</p> <p>During an interview on 6/13/24 at 9:09 A.M., Licensed Practical Nurse (LPN) A said he/she believes he/she reported the resident altercation but it has been over a month so he/she was not certain.</p> <p>5. Review of Resident #4's Quarterly MDS, dated [DATE], showed staff assessed the resident as severely cognitively impaired.</p> <p>Review of the residents nurses notes, dated 5/19/24, showed staff documented at 2:31 P.M., that the resident was grazed on left cheek by resident #1.</p> <p>(continued on next page)</p> |

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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Review of the facilities staff written statements, dated 5/19/24, showed staff documented Resident #1 displayed agitated behaviors in the morning. Resident #1 was up wondering around the memory care unit when approached Resident #4 who was also wondering the unit. Resident #1 raised his/her arms and grazed the check of resident #4. The nurse did not know if the incident was purposeful, the aide reported the movement to be purposeful and stated resident #1 swung on resident #4 due to agitation. The administrator documented he/she Resident #1 did not intentionally hit Resident #4.</p> <p>Review of the facility's investigation log showed the documents did not contain detailed descriptions of the suspected violation to include the details of the investigative process, copies of the notes and interviews, corrective actions or remedies taken, notifying law enforcement or state/federal authorities.</p> <p>During an interview on 5/29/24 at 2:23 P.M., the administrator said staff are recalling incidents to the nurses that aren't all the way true in hopes to remove Resident #1 out of the facility, he/she said the nurses are documenting what the other staff say. He/She does not believe that there is falsifying of records but that it is not always reported correctly and he/she does not see it the way the staff have reported it. He/She said he/she is responsible for investigating when incidents occur.</p> <p>During an interview on 6/13/24 at 9:09 A.M., Licensed Practical Nurse (LPN) A said all incidents are required to be reported to the Administrator to be investigated.</p> <p>MO00236612</p> |   |  |

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| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43024</p> <p>Based on interview and record review, facility staff failed to develop interventions for comprehensive care plans for four residents (Residents #1, #2, #3 and #4) out of four sampled residents.</p> <p>1. Review of the facility's Care plan policy, revised November 2019, showed staff are directed to:</p> <ul style="list-style-type: none"> <li>-Define the problems: identify the behavioral implications of the problem;</li> <li>-Identify the relationships between risk factors, triggers, and problems;</li> <li>-Distinguish between causes and consequences;</li> <li>-Look for common causes of multiple issues;</li> <li>-Determine whether the problem needs interventions,</li> <li>-Design interventions that address causes not symptoms;</li> <li>-Include specific interventions, including recommendations for monitoring and follow ups.</li> </ul> <p>Review of the facility's internal investigations policy, dated December 2021, showed staff are directed to include documentation of an investigation with any measures needed to prevent similar violations while remedies are underway, and follow up or monitoring that will be necessary to maintain remediation efforts.</p> <p>2. Review of Resident #1's Admission Minimum Data Set (MDS), a federally mandated assessment tool, dated 4/18/24, showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> <li>-Severe cognitive impairment;</li> <li>-Active diagnoses of Dementia Bipolar Disorder;</li> <li>-Physical behavior symptoms directed towards others occurred four to six days of the seven day look back period;</li> <li>-Verbal behavior symptoms directed towards others occurred four to six days of the seven day look back period.</li> </ul> <p>Review of the resident's nurses notes, dated 4/7, 4/19/ 4/21, 5/2, 5/19 and 5/23/24, showed staff documented the resident had altercations with other residents.</p> <p>Review of the resident's care plan, undated, showed the care plan did not contain direction or interventions related to the resident behaviors and resident-to-resident altercations.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>During an interview on 5/29/24 at 12:48 CNA B said Resident #1 did not like a lot of the staff and had issues with agitation with other residents. He/She said there were no interventions in place for the resident and he often got physical. He/She does not know if aides have access to care plans.</p> <p>3. Review of Resident #2's Admission MDS, dated [DATE], showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> <li>-Severe cognitive impairment;</li> <li>-Active diagnoses of Dementia and Depression;</li> <li>-Physical and verbal behaviors not noted in the seven day look back period.</li> </ul> <p>Review of the resident's nurses notes, dated 5/2/24, showed staff documented the resident involved in a resident-to-resident altercation.</p> <p>Review of the resident's care plan, undated, showed the care plan did not contain interventions for the resident related to resident-to-resident altercations.</p> <p>4. Review of Resident #3's Quarterly MDS, dated [DATE], showed staff assess the resident as follows:</p> <ul style="list-style-type: none"> <li>-Severe cognitive impairment;</li> <li>-Active diagnoses of Dementia and Depression;</li> <li>-Physical and verbal behaviors not noted in the 7 day look back period.</li> </ul> <p>Review of the resident's nurses notes, dated 4/19 and 4/21/24, showed staff documented the resident involved in a resident to resident altercation.</p> <p>Review of the resident's care plan, undated, showed the care plan did not contain direction for staff in regards to resident to resident-to-resident altercations.</p> <p>5. Review of Resident #4's Quarterly MDS, dated [DATE], showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> <li>-Severe cognitive impairment;</li> <li>-Active diagnoses of Dementia.</li> </ul> <p>Review of the resident's nurses notes, dated 5/19/24, showed staff documented the resident involved in a resident-to-resident altercation.</p> <p>Review of the resident's care plan, undated, showed the care plan did not contain direction for staff in regards to resident to resident-to-resident altercations.</p> <p>(continued on next page)</p> |

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| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>6. During an interview on 5/29/24 at 12:23 Certified Nursing assistant (CNA) C said he/she would typically look at care plans to see the interventions specific to each resident for behaviors and aggression but there are no care plans right now.</p> <p>During an interview on 5/29/24 at 12:48 CNA B said Resident #1 did not like a lot of the staff and had issues with agitation with other residents. He/She said there were no interventions in place for the resident and he often got physical. He/She does not know if aides have access to care plans.</p> <p>During an interview on 5/29/24 at 1:44 P.M., Licensed Practical Nurse (LPN) F and care plan coordinator said their system was hacked back in January of this year and they do not have care plans completed at this time. He/She said they have care requirement sheets for activities of daily living (ADL's) but it does not include interventions for behaviors or anything else. He/She said if a resident had a behavior that shift it would need to be passed off in report. He/She said because of the [NAME] he/she is starting care plans from scratch therefore they are not done in a timely manner or not complete at all. He/She said he/she does not know if CNA's have access to the care plans or not.</p> <p>During an interview on 5/29/24 at 2:23 P.M., the administrator said the facility was hacked on 1/25/24 and the facility lost all documentation, the computer systems were back up 3/1/24 but the facility is not up to date on care plans. He/She said they were using care requirement sheets for staff to know ADL's but it did not contain behaviors. He/She believes there was documentation about the resident's behaviors as well but is unsure where it is, he/she expects interventions be documented in the care plan for staff to follow.</p> <p>MO00236612</p> |   |  |