

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 0580</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>44993</p> <p>Based on interview and record review, the facility failed to notify Resident #1's physician in a timely manner when staff discovered the resident ingested a green leafy plant material that appeared to be marijuana/cannabis (a psychoactive drug from the cannabis plant) and experienced a change in condition that included, vomiting, decreased oxygen saturation (measurement of the amount of oxygen in the blood with a normal reading of 100%) of 65% requiring use of oxygen, gray skin tone, an increased heart rate of 115, and decreased cognition at 11:00 A.M. on 1/13/23. Licensed Practical Nurse (LPN) A placed the resident on five liters of oxygen, but did not call the physician. The facility Administrator and Director of Nursing (DON) assessed the resident at 1:30 P.M. The facility DON notified the resident's physician at 9:00 P.M. on 1/13/23. The facility census was 47.</p> <p>Review of the Change of Resident Condition policy, dated February 2021, included:</p> <ul style="list-style-type: none"> - A significant change was defined as a change that will not resolve itself without intervention by staff and/or impacts more than one area of the resident's health status. - The nurse will notify the resident's physician when there was a significant change in physical condition in the resident. - The nurse will notify the physician when there was a need to transfer the resident to the hospital. <p>1. Review of Resident #1's annual Minimum Data Set (MDS, a federally mandated assessment completed by the facility staff), dated 11/14/22, showed:</p> <ul style="list-style-type: none"> - He/she had a Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive impairment. - Diagnoses included: depression, heart disease, anxiety, and diabetes mellitus type two (a disease in which the body does not process blood sugar properly). - He/she depended on two staff members to transfer, reposition while in bed, use the toilet and to get dressed. <p>Review of Resident #1's physician orders for January, 2023 showed the following:</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.

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: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 0580</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Hydrocodone Bitartrate/APAP 5/325mg- 1 tab by mouth twice a day for pain- 12:00-noon and 5:00 P.M.</p> <p>-Lisinopril 10mg- 1 tab by mouth at 12 noon. Hold if blood pressure is less than 110/60 (for treatment of hypertension-high blood pressure).</p> <p>-Abilify(ARIPiprazole) 10 mg- 1 tab by mouth daily (administer in A.M.).</p> <p>-Lasix 40 mg- 1 tab by mouth daily (administer in A.M.) for treatment of Congestive Heart Failure.</p> <p>-Imdur/Isosorbide mononitrate 30 mg- 1 tab by mouth daily. Hold for blood pressure less than 110/60 (for treatment of angina which is chest discomfort or shortness of breath caused when heart muscles receive insufficient oxygen rich blood).</p> <p>-Xanax 0.5mg- 1 tab by mouth at noon and hour of sleep for anxiety.</p> <p>-Baclofen 10 mg- 1 tab by mouth daily at hour of sleep for treatment of spasms.</p> <p>Review of Drug.com's drug interactions for cannabis (a Schedule 1 substance) with medications prescribed to Resident #1 showed the following:</p> <p>*Major interaction with Hydrocodone Bitartrate:</p> <p>-Using narcotic pain or cough medications together with other medications that also cause central nervous system depression can lead to serious side effects including respiratory distress, coma, and even death.</p> <p>-Talk to your doctor if you have any questions or concerns. Your doctor may be able to prescribe alternatives that do not interact, or you may need a dose adjustment or more frequent monitoring to safely use both medications.</p> <p>-Do not drink alcohol or self-medicate with these medications without your doctor's approval, and do not exceed the doses or frequency and duration of use prescribed by your doctor.</p> <p>-Medications may cause dizziness, drowsiness, difficulty concentrating, and impairment in judgment, reaction speed and motor coordination.</p> <p>-It is important to tell your doctor about all other medications you use, including vitamins and herbs. Do not stop using any medications without first talking to your doctor.</p> <p>*Moderate interaction with Lisinopril</p> <p>-Lisinopril and cannabis may have additive effects in lowering your blood pressure. You may experience headache, dizziness, lightheadedness, fainting, and/or changes in pulse or heart rate.</p> <p>*Moderate interaction with Abilify (ARIPiprazole)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	

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 0580</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Using cannabis together with ARIPiprazole may increase side effects such as dizziness, drowsiness, confusion, and difficulty concentrating. Some people, especially the elderly, may also experience impairment in thinking, judgment, and motor coordination.</p> <p>*Moderate interaction with Lasix</p> <p>-Furosemide/Lasix and cannabis may have additive effects in lowering blood pressure. You may experience headache, dizziness, lightheadedness, fainting, and/or changes in pulse or heart rate.</p> <p>*Moderate interaction with Imdur</p> <p>-Isosorbide mononitrate/Imdur and cannabis may have additive effects in lowering your blood pressure. You may experience headache, dizziness, lightheadedness, fainting, and/or changes in pulse or heart rate.</p> <p>*Moderate interaction with Xanax</p> <p>-Using ALPRAZolam/Xanax together with cannabis may increase side effects such as dizziness, drowsiness, confusion, and difficulty concentrating. Some people, especially the elderly, may also experience impairment in thinking, judgment, and motor coordination.</p> <p>Moderate interaction with Baclofen</p> <p>-Using Baclofen together with cannabis may increase side effects such as dizziness, drowsiness, confusion, and difficulty concentrating. Some people, especially the elderly, may also experience impairment in thinking, judgment, and motor coordination.</p> <p>During an interview on 1/18/23 at 4:33 P.M., Nurse Aide (NA) B said:</p> <ul style="list-style-type: none"> - The resident was his/her normal self the morning of 01/13/23 and ate breakfast prior to 11:00 A.M. - He/she entered the resident's room with LPN A at 11:00 A.M. and the resident had vomited everywhere. - He/she had to change the resident's clothes and bedding. - The resident just looked at the staff, was not able to talk, and was not able to say his/her name. - The resident vomited several more times during his/her shift that ended at 6:00 P.M. - The nurse had to put oxygen on the resident, because his/her oxygen was so low and the resident's skin was gray in color. - The resident was not able to eat lunch or supper on 1/13/23, because he/she was vomiting so much. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	

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 0580</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - He/she told the DON about the resident's condition, but the DON did not go to the resident's room. <p>During an interview on 1/19/23 at 5:32 P.M., LPN A said:</p> <ul style="list-style-type: none"> - On 1/13/23 at approximately 11:00 A.M., he/she and NA B entered the resident's room to provide wound care. - The resident had vomited a large amount of greenish-yellow bile colored vomit that covered the resident's clothing and bedding. The resident required a complete bed change. - He/she and NA B completed the wound care, the resident vomited again. - The resident appeared gray in color and his/her vital signs were: respirations of 36, rapid and shallow, heart rate irregular and a range of 50-115 through out the shift, blood sugar 106, and oxygen saturation of 65%, indicating the resident did not have normal oxygen in his/her blood stream. - LPN A put oxygen on the resident at five liters (the maximum amount the machine would do) and the resident's oxygen saturation came up to 88% within five minutes. - The resident was very slow to respond verbally and confused. - The resident would not answer questions, but instead repeated the question that was asked of him/her back. - Certified Medication Technician (CMT) A entered the room around 11:30 A. M. to give the resident his/her medications. - CMT A found a bag that contained a green leafy plant that appeared to be marijuana. - He/she did not notify the physician of the resident's change of condition. - He/she told the DON of the resident's change in condition and expected the DON to call the physician. <p>During an interview on 1/24/23 at 12:43 P.M., CMT A said:</p> <ul style="list-style-type: none"> - He/she entered the resident's room to give him/her scheduled medications at 11:45 A.M. on 1/13/23. - The resident was very calm and not making eye contact and the resident had been vomiting. - The resident's skin was gray in color. - The resident was not able to take his/her medications at that time, but did an hour later with a protein drink. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 0580</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - LPN A and NA B was already in the resident's room, the resident was very slow to talk and repeated the questions that were asked of him/her. - He/she found marijuana in the resident's room. - The DON entered the resident's room and asked the resident who gave him/her the marijuana; the resident was not able to answer the question. <p>Review of the January 2023 Medication Administration Record (MAR) showed:</p> <ul style="list-style-type: none"> - 1/13/23 The resident was given Zoloft at 8:00 A.M. - MAR was hand written changed from A.M. to noon for the following medications: Plavix, Abilify and Lasix. - 1/13/23 The resident was given Plavix, Abilify, Lasix, Imdur, Lisinopril, Xanax, and Hydrocodone Bitartrate/Acetaminophen at 12:30 P.M. - 1/13/23 He/she was given Hydrocodone Bitartrate/Acetaminophen, Xanax, and Baclofen at 7:00 P.M. <p>Review of the resident's record showed the administrator documented on 1/13/23 at 1:30 P.M.:</p> <ul style="list-style-type: none"> - She was called to the resident's room by a Certified Nurse Aide (CNA) because the resident was not acting right. - The resident had green vomit to the right side of his/her face and neck. - The resident was alert, but slow to respond. - The resident was found with a small amount of green leafy plant material that appeared to be marijuana; the resident said he/she consumed some of it by eating it. - The physician was notified with an order to continue to monitor the resident and report concerns to him. (Note: This contradicts interviews with administrator, nursing staff and the resident's physician.) <p>During an interview on 1/26/23 at 4:15 P.M., the DON said:</p> <ul style="list-style-type: none"> - The resident told her NA A gave the resident marijuana on 1/13/23. - She assessed the resident and he/she was not able to answer her questions and was slow to speak. - She did not call the resident's physician right away, because she thought LPN A did. - She expected LPN A to call the physician when the resident's change in condition was assessed earlier in the day. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 0580</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - She should have called the resident's physician earlier in the day when she found out the resident had eaten marijuana and was sick with vomiting and abnormal vital signs. <p>During an interview on 1/31/23 at 1:00 P.M., LPN B said:</p> <ul style="list-style-type: none"> - He/she had received in nurses report at 6:00 P.M. on 1/13/23 the resident had consumed marijuana earlier in the day and became ill with vomiting, he/she was lethargic, not able to answer questions clearly. - He/she assessed the resident between 6:30 and 7:00 P.M. and the resident was still lethargic, but able to answer him/her when a question was asked. - He/she checked the resident's blood sugar at 8:00 P.M., the resident was more alert and able to answer questions. - The resident was not able to hold his/her glass for a drink of water; this was abnormal behavior for the resident who normally was able to feed him/herself and hold his/her own glass for drinks. - He/she did not notify the physician because he/she thought the previous nurse had. <p>During an interview on 1/26/23 at 4:10 P.M., the Administrator said:</p> <ul style="list-style-type: none"> - She expected the nurse who assessed the resident to notify the physician when the resident was found to have a change in condition. -She did not notify the physician, but documented she did. The DON notified the physician. <p>During an interview on 1/25/23 at 9:01 A.M., Physician A said:</p> <ul style="list-style-type: none"> - He received a call from the DON on 1/13/22 at 9:00 P.M. reporting the resident had ingested marijuana earlier in the day, had vomited but had returned to baseline. - He instructed the DON to continue to monitor the resident and notify him of any changes. - The DON did not tell him the resident had a low oxygen saturation of 65% and was placed on oxygen. - If he had been told the resident's had a low oxygen saturation, he would have directed the facility nurse to send the resident to the Emergency Department (ED) for further evaluation. - The DON did not tell him the resident had decreased cognition and increased confusion. - He would have expected the facility staff to call him immediately about the residents change in condition. - The combination of ingesting marijuana and the resident's scheduled Xanax and Hydrocodone medications were a bad combination and could have been harmful to the resident. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 0580 Level of Harm - Actual harm Residents Affected - Few	- He would have expected the facility staff to call emergency services and send the resident to the ED for further evaluation. MO212731		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 - Immediate jeopardy to resident health or safety</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** 44993</p> <p>Based on record review and interview, the facility staff failed to keep one resident (Resident #1) free from abuse when Nurse Aide (NA) A provided the resident with a green leafy plant material that appeared to be marijuana/cannabis (a psychoactive drug from the cannabis plant) on 1/12/23 and the resident ingested it on 1/12/23 and 1/13/23. The resident was prescribed medications noted to have both major and moderate interactions with cannabis. The resident experienced a change in condition that included, vomiting, decreased oxygen saturation (measurement of the amount of oxygen in the blood with a normal reading of 100%) of 65% requiring use of oxygen, gray skin tone, an increased heart rate of 115, and decreased cognition. Certified Medication Technician (CMT) A, discovered some remaining marijuana in the resident's room and flushed it down the toilet. NA A was not suspended as per the facility's abuse and neglect policy and was allowed to work in the facility 1/13/23 to 1/15/23. On 1/14/23, NA A gave NA D a narcotic pain pill from his/her pocket. NA D did not report this illegal act to administration. On 1/15/23, NA D witnessed NA A cut Resident #2's prescribed narcotic pain medication in half, place half in a baggie, and place it in his/her pocket. The facility census was 47.</p> <p>The administrator was notified on 1/27/23 at 1:11 P.M. of an Immediate Jeopardy (IJ) which began on 1/12/23. The IJ was removed on 1/29/23 as confirmed by surveyor on-site.</p> <p>Review of the undated Abuse and Neglect policy showed:</p> <ul style="list-style-type: none"> - Drugs that are given to residents is considered to be abuse. - The Administrator will ensure that any further potential abuse was prevented. - The Administrator will immediately suspend the employee that participated in the alleged abuse pending the investigation findings. <p>Review of the Resident's Rights policy, dated February 2021, showed:</p> <ul style="list-style-type: none"> - The resident had the right to be free from abuse. <p>1. Review of Resident #1's annual Minimum Data Set (MDS, a federally mandated assessment completed by the facility staff), dated 11/14/22, showed:</p> <ul style="list-style-type: none"> - He/she had a Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive impairment. - Diagnoses included: depression, heart disease, anxiety, and diabetes mellitus type two (a disease in which the body does not process blood sugar properly). - He/she depended on two staff members to transfer, reposition while in bed, use the toilet, and to get dressed. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1's physician orders for January, 2023 showed the following:</p> <ul style="list-style-type: none"> -Hydrocodone Bitartrate/APAP 5/325mg- 1 tab by mouth twice a day for pain- 12:00-noon and 5:00 P.M. -Lisinopril 10mg- 1 tab by mouth at 12 noon. Hold if blood pressure is less than 110/60 (for treatment of hypertension-high blood pressure). -Abilify(ARIPiprazole) 10 mg- 1 tab by mouth daily (administer in A.M.). -Lasix 40 mg- 1 tab by mouth daily (administer in A.M.) for treatment of Congestive Heart Failure. -Imdur/Isosorbide mononitrate 30 mg- 1 tab by mouth daily. Hold for blood pressure less than 110/60 (for treatment of angina which is chest discomfort or shortness of breath caused when heart muscles receive insufficient oxygen rich blood). -Xanax 0.5mg- 1 tab by mouth at noon and hour of sleep for anxiety. -Baclofen 10 mg- 1 tab by mouth daily at hour of sleep for treatment of spasms. <p>Review of Drug.com's drug interactions for cannabis (a Schedule 1 substance) with medications prescribed to Resident #1 showed the following:</p> <p>*Major interaction with Hydrocodone Bitartrate:</p> <ul style="list-style-type: none"> -Using narcotic pain or cough medications together with other medications that also cause central nervous system depression can lead to serious side effects including respiratory distress, coma, and even death. -Talk to your doctor if you have any questions or concerns. Your doctor may be able to prescribe alternatives that do not interact, or you may need a dose adjustment or more frequent monitoring to safely use both medications. -Do not drink alcohol or self-medicate with these medications without your doctor's approval, and do not exceed the doses or frequency and duration of use prescribed by your doctor. -Medications may cause dizziness, drowsiness, difficulty concentrating, and impairment in judgment, reaction speed and motor coordination. -It is important to tell your doctor about all other medications you use, including vitamins and herbs. Do not stop using any medications without first talking to your doctor. <p>*Moderate interaction with Lisinopril</p> <ul style="list-style-type: none"> -Lisinopril and cannabis may have additive effects in lowering your blood pressure. You may experience headache, dizziness, lightheadedness, fainting, and/or changes in pulse or heart rate. <p>*Moderate interaction with Abilify (ARIPiprazole)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	

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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-Using cannabis together with ARIPiprazole may increase side effects such as dizziness, drowsiness, confusion, and difficulty concentrating. Some people, especially the elderly, may also experience impairment in thinking, judgment, and motor coordination.</p> <p>*Moderate interaction with Lasix</p> <p>-Furosemide/Lasix and cannabis may have additive effects in lowering blood pressure. You may experience headache, dizziness, lightheadedness, fainting, and/or changes in pulse or heart rate.</p> <p>*Moderate interaction with Imdur</p> <p>-Isosorbide mononitrate/Imdur and cannabis may have additive effects in lowering your blood pressure. You may experience headache, dizziness, lightheadedness, fainting, and/or changes in pulse or heart rate.</p> <p>*Moderate interaction with Xanax</p> <p>-Using ALPRAZolam/Xanax together with cannabis may increase side effects such as dizziness, drowsiness, confusion, and difficulty concentrating. Some people, especially the elderly, may also experience impairment in thinking, judgment, and motor coordination.</p> <p>Moderate interaction with Baclofen</p> <p>-Using Baclofen together with cannabis may increase side effects such as dizziness, drowsiness, confusion, and difficulty concentrating. Some people, especially the elderly, may also experience impairment in thinking, judgment, and motor coordination.</p> <p>Review of the resident's Physician Order Sheet (POS) and Medication Administration Record (MAR), dated January 2023, showed:</p> <p>- 5/16/22 Hydrocodone 5 mg- acetaminophen 325 mg (pain medication), give one tablet by mouth two times daily at noon and 7:00 P.M. Signed on the MAR and narcotic count sheet as given at noon and 7:00 P.M. on 1/13/23.</p> <p>- 7/9/22 Xanax (a medication to treat anxiety), 0.5 mg per tablet, give one tablet by mouth two times daily at noon and 8:00 P.M. Signed on the MAR and narcotic count sheet as given at noon and 7:00 P.M. on 1/13/23.</p> <p>During an interview on 1/18/23 at 3:44 P.M., the resident said:</p> <p>- NA A gave him/her a cellophane cigarette wrapper that contained green leafy marijuana on 1/12/23.</p> <p>- The marijuana was about three inches long.</p> <p>- The resident ate a small amount the evening he/she received it and then placed it in his/her glasses case on his/her bedside table.</p> <p>- He/she ate more of the marijuana at lunch time on 1/13/23.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - He/she placed the remaining marijuana back in the cellophane cigarette wrapper and back in his/her glasses case. - He/she became very ill, vomiting and did not remember anything further. <p>During an interview on 1/18/23 at 4:33 P.M., NA B said:</p> <ul style="list-style-type: none"> - He/she entered the resident's room with Licensed Practical Nurse (LPN) A on 1/13/23 at 11:00 A.M. and the resident had vomited everywhere. - He/she had to change the resident's clothes and bedding. - The resident just looked at the staff, was not able to talk, and was not able to say his/her name. - The resident told him/her NA A gave the marijuana to the resident at 4:00 P.M. - He/she reported to the DON the resident identified NA A as the person who gave him/her the marijuana. - The resident vomited several more times during his/her shift that ended at 6:00 P.M. - The nurse had to put oxygen on the resident because his/her oxygen was so low and the resident's skin was gray in color. - The resident was not able to eat lunch or supper on 1/13/23 because he/she was vomiting so much. - He/she told the DON about the resident's condition, but the DON did not go to the resident's room. <p>During an interview on 1/19/23 at 5:32 P.M., LPN A said:</p> <ul style="list-style-type: none"> - At 11:00 A.M. he/she and NA B entered the resident's room to provide wound care. - The resident had vomited a large amount of greenish- yellow bile colored vomit that covered the resident's clothing and bedding. The resident required a complete bed change. - He/she and NA B completed the wound care, the resident vomited again. - The resident appeared gray in color and his/her vital signs were: respirations of 36, rapid and shallow, heart rate irregular and 50-115 was their heart rate ranging between throughout the shift, blood sugar 106, and oxygen saturation of 65%, indicating the resident did not have the normal range of 90 to 100% of oxygen in his/her blood stream. - LPN A put oxygen on the resident at five liters (the maximum amount the machine would provide) and the resident's oxygen saturation came up to 88% within five minutes. - The resident was very slow to respond verbally and was confused. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - The resident would not answer questions, but instead repeated the question that was asked of him/her. - The residents words were very slow and drawn out. - CMT A entered the room around 11:30 to give the resident his/her medications. - CMT A found a bag that contained a green leafy plant that appeared to be marijuana. - He/she did not notify the physician of the resident's changes. <p>During an interview on 1/24/23 at 12:43 P.M., CMT A said:</p> <ul style="list-style-type: none"> - The resident took his/her medications during the A.M. medication pass on 1/13/23 without difficulty and the resident appeared at his/her baseline at that time. - He/she entered the resident's room to give him/her scheduled medications at 11:45 A.M. on 1/13/23. - The resident was very calm and was not making eye contact. The resident had green vomit all over his/her clothing face, side of neck, and pillow. - The resident's skin was gray in color. - The resident was not able to take his/her medications at that time, but did an hour later with a protein drink. - LPN A and NA B was already in the resident's room, the resident was very slow to talk and repeated the questions that were asked of him/her. - He/she found marijuana in the resident's glasses case that was on his/her over the bed table. - The DON entered the resident's room and asked the resident who gave him/her the marijuana; the resident was not able to answer the question. - He/she told the Administrator he/she found marijuana in the resident's room. - The administrator told CMT A to flush the marijuana down the toilet. - He/she flushed the remaining marijuana down the employee toilet. <p>During an interview on 1/24/23 at 2:16 P.M., NA C said:</p> <ul style="list-style-type: none"> - He/she helped NA B clean the resident after he/she had vomited on him/herself and the bedding. - The resident said he/she was not feeling well and vomiting. - The resident looked very pale and gray. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - The resident was able to talk very little and was very slow to say words. - LPN A was assessing the resident, the resident's oxygen saturation was low and LPN A placed oxygen on the resident. - The resident's skin color improved after he/she had oxygen on. - CMT A looked through the resident's room and found a small bag with what appeared to be marijuana in it. <p>Review of the resident's nurse's note, dated 1/13/23 at 1:30 P.M., documented by the administrator showed:</p> <ul style="list-style-type: none"> - She was called to the resident's room by a Certified Nurse Aide (CNA) because the resident was not acting right. - The resident had green vomit to the right side of his/her face and neck. - The resident was alert, but slow to respond. - The resident was found with a small amount of green leafy plant material that appeared to be marijuana; the resident said he/she consumed some of it by eating it. - The physician was notified with an order to continue to monitor the resident and report concerns to him. (Note: This contradicts interviews with administrator, nursing staff and the resident's physician.) <p>During an interview on 1/26/23 at 4:15 P.M., the DON said:</p> <ul style="list-style-type: none"> - The resident told her NA A gave the resident marijuana on 1/13/23. - She called NA A prior to his/her shift on 1/13/23, who denied the allegation. - She allowed NA A to work his/her scheduled night shifts on 1/13/23, 1/14/23, and 1/15/23. - She did not begin educating the staff about the facility abuse and neglect policy. - She assessed the resident, the resident was not able to answer her questions and was slow to speech. - She did not call the resident's physician until 9:00 P.M. on 1/13/23. - The physician should have been notified when the resident's change in condition was assessed earlier in the day. - She should have called the resident's physician earlier in the day when she found out the resident had eaten marijuana and was sick with vomiting and abnormal vital signs. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/26/23 at 4:10 P.M., the Administrator said:</p> <ul style="list-style-type: none"> - She overheard that the resident said NA A gave him/her marijuana. - She made a comment in the hallway that the remaining marijuana needed to be flushed down the toilet. - She was unaware who flushed the marijuana down the toilet. - She did not educate the staff about the facility abuse and neglect policy. - She did not ensure NA A had not given other resident's marijuana throughout the facility. - She did not call the physician, police or the state agency. <p>During an interview on 1/26/23 at 8:04 A.M. NA A said he/she did not give marijuana to the resident.</p> <p>During an interview on 1/31/23 at 1:00 P.M., LPN B said:</p> <ul style="list-style-type: none"> - He/she had received in nurses report at 6:00 P.M. on 1/13/23 the resident had consumed marijuana earlier in the day and became ill with vomiting, he/she was lethargic, not able to answer questions clearly. - He/she assessed the resident between 6:30 and 7:00 P.M. and the resident was still lethargic, but able to answer him/her when a question was asked. - He/she checked the resident's blood sugar at 8:00 P.M., the resident was more alert and able to answer questions. - The resident was not able to hold his/her glass for a drink of water; this was abnormal behavior for the resident who normally was able to feed him/herself and hold his/her own glass for drinks. <p>During an interview on 1/25/23 at 9:01 A.M., Primary Care Physician (PCP) A said:</p> <ul style="list-style-type: none"> - He received a call from the DON on 1/13/22 at 9:00 P.M. reporting the resident had ingested marijuana earlier in the day, had vomited but had returned to baseline. - He instructed the DON to continue to monitor the resident and notify him of any changes. - The combination of ingesting marijuana and the resident's scheduled Xanax and Hydrocodone medications were a bad combination and could have been harmful to the resident. <p>2. During an interview on 1/18/23 at 4:59 P.M., NA D said:</p> <ul style="list-style-type: none"> - LPN B often told NA A to give medications to residents. - LPN B placed residents medication in medication cups and sat the cups on top of the cart. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - During the night on 1/14/23 he/she had a headache and was unable to find LPN B to ask for Tylenol from the medication cart. - He/she and NA A were outside smoking. NA D asked NA A if he/she had a Tylenol for a head ache. - NA A told NA D he/she had something better and handed him/her a pill from his/her pocket. - NA D said the pill did not look right, it was white, oblong shaped with the numbers M367 imprinted on the pill. - He/she searched the numbers on the pill online and discovered the pill was hydrocodone. - NA D did not consume the pill, but hid the pill in the supply room, because he/she did not want to have the pill on him/herself. - He/she did not tell anyone about the pill until the next evening, because he/she did not know what to do. <p>Review of Resident #2's quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> - He/she had a BIMS score of 15, indicating no cognitive impairment. - His/her diagnoses included depression, psychosis (severe mental condition in which thought and emotions are affected resulting in loss of reality), and chronic pain. <p>Review of the resident's care plan for pain dated 9/23/22, showed:</p> <ul style="list-style-type: none"> - The staff were to observe the resident for effectiveness of the pain medication. - The facility staff will provide pain medications as the physician prescribed. <p>Review of the resident's POS, dated January 2023, showed:</p> <ul style="list-style-type: none"> - 10/29/22 Oxycodone/ acetaminophen (a highly addictive pain medication) 10/325 mg, give one tablet by mouth every eight hours. <p>Observation of a Oxycodone/acetaminophen 10/325 mg tab showed the medication was white, oblong and had M367 imprinted on the pill.</p> <p>During an interview on 1/18/23 at 4:59 P.M., NA D said:</p> <ul style="list-style-type: none"> - On 1/15/23, NA A was in the cart looking at the cards of pills and placed pills in medication cups. - NA A took the medication to Resident #2. - NA A entered Resident #2's room and asked NA D to enter the room with him/her. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - NA A pulled a pill cutter from the resident's closet and cut a round pill in half with it. - NA A told NA D, Resident #2 gets half and he/she got half. - NA A told NA D he/she took the medication from residents often. - NA A then placed the half pill in a clear sandwich bag with other half pills and gave the resident half a pill. <p>During an interview on 1/18/23 at 4:59 P.M., NA D said:</p> <ul style="list-style-type: none"> - NA D confided to NA B during supper on 1/15/23 that NA A had given him/her a narcotic pain pill the night prior. - NA D later during the night of 1/15/23 called the police to report the pill. - NA D gave the police the pill as evidence. <p>At the time of the abbreviated survey, the violation was determined to be at the immediate and serious jeopardy level J. Based on observation, interview and record review completed during the onsite visits, it was determined the facility had implemented corrective action to remove the IJ violation at the time. A final revisit will be conducted to determine if the facility is in substantial compliance with participation requirements.</p> <p>At the time of exit, the severity of the deficiency was lowered to the D level. This statement does not denote that the facility has complied with State law (Section 198.026.1 RSMo.) requiring that prompt remedial action to be taken to address Class I violation.</p> <p>MO212731</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>44993</p> <p>Based on interview and record review, the facility failed to ensure one resident (Resident #2) was free from misappropriation when Nurse Aide (NA) A misappropriated money from the resident totaling \$3,510.04. The aide used the resident's debit card to pay the nurse aide's light bill, rent, and to gain several cash withdrawals to pay back debts to NA A's family members, purchase fuel, cigarettes, and alcohol. This affected one of six sampled residents. The facility census was 47.</p> <p>Review of the undated Abuse, Neglect and Misappropriation of property policy showed:</p> <ul style="list-style-type: none"> - Defined exploitation as: Taking advantage of a resident for personal gain through the use of manipulation. Financial exploitation is the illegal or improper use of elder's funds, property or assets. - Misappropriation was defined as: The deliberate misplacement, exploitation, or temporary and/or permanent use of a resident's money without their consent. <p>1. Review of Resident #2's quarterly Minimum Data Set (MDS, a federally mandated assessment completed by the facility staff), dated 11/4/22, showed:</p> <ul style="list-style-type: none"> - He/she had a Brief Interview for Mental Status score of 15, indicating no cognitive impairment. - His/her diagnoses included depression and psychosis (severe mental condition in which thought and emotions are affected resulting in loss of reality). <p>Review of a social service note, dated 9/1/22, showed:</p> <ul style="list-style-type: none"> - Social Services Director (SSD) overheard two staff members talking about NA A owing Resident #2 money. - He/she spoke with the resident who told him/her he/she had given NA A money, but was unsure of how much. - He/she obtained the resident's bank statements, the resident reviewed the statements and found several withdrawals the resident did not make or authorize. - The total taken was \$3,510.04. <p>Review of the resident's bank statements showed:</p> <ul style="list-style-type: none"> - 7/18/22 Debit transaction (DT) purchase of \$22.32 at a local gas station and second DT transaction the same day at the same gas station that charged \$23.59, ATM withdrawal using the gas station Automatic Teller Machine (ATM) of \$200, a second withdrawal of \$300, and a third withdrawal of \$300, and ATM fees totaling \$16.50. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - 7/21/22 DT purchase at a local gas station of \$19.60, ATM withdrawal of \$300, and ATM fees of \$5.50. - 7/22/22 DT purchase at a local gas station \$29.26, ATM withdrawal of \$200, and ATM fees totaling \$4.50. - 7/25/22 DT purchase at a local gas station of \$49.35, ATM withdrawal of \$200, and ATM fees of \$4.50. - 7/28/22 DT purchase at a local gas station of \$25.08. - 8/1/22 ATM withdrawal at a local gas station of \$380, a second withdrawal of \$380, and ATM fees of \$9.00. - 8/3/22 DT purchase at a local gas station of \$20.92 and 73.82, DT purchase with cash back at a local discount store of \$22.79, DT purchase at a local discount store of \$58.43, ATM withdrawal at a local gas station of \$380, and ATM fees of \$5.50. -8/22/22 DT purchase at a local gas station of \$3.90, ATM withdrawal at a local gas station of \$200, ATM fees of \$5.50, and DT purchase at a discount store of \$29.95. - 8/23/22 ATM withdrawal at a local gas station \$100 and ATM fees of \$5.50. - 8/24/22 Bank overdraft fee of \$35.00. - 8/25/22 DT purchase at a local liquor store of \$44.53. - 8/26/22 Bank overdraft fee of \$35.00 for overdraft DT purchase. - 8/29/22 Bank overdraft fee of \$5.00 for continuous overdraft. - 8/30/22 Bank overdraft fee of \$5.00 for continuous overdraft. - 8/31/22 Bank overdraft fee of \$5.00 for continuous overdraft. - 9/1/22 Bank overdraft fee of \$5.00 for continuous overdraft. - The total amount of transactions was \$3,510.04. <p>During an interview on 1/24/23 at 1:35 P.M. the SSD said:</p> <ul style="list-style-type: none"> - He/she overheard two aides talking about how NA A owed Resident #2 money. - He/she did not remember who the aides were and did not get statements from them. - He/she spoke with the resident who told him/her NA A took more money than the resident authorized NA A to take. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- The resident did not want NA A to get into trouble, because he/she had a soft spot for NA A.</p> <p>- He/she spoke with the resident's responsible party (RP) who initially wanted to press criminal charges, but decided to allow NA A to pay back the money.</p> <p>During an interview on 1/18/23 at 3:57 P.M., the resident said:</p> <p>- He/she felt bad for NA A, because he/she told her he/she was having money problems and was not able to pay his/her bills.</p> <p>- He/she handed NA A his/her debit card with the pin number, so NA A could pay a light and phone bill.</p> <p>- NA A was only supposed to pay two bills totaling \$900.</p> <p>- NA A continued to use his/her debit card withdrawing money from an ATM and making other purchases totaling an additional \$2,610.04.</p> <p>- His/her RP found out about it and was angry.</p> <p>During an interview on 1/24/23 at 12:11 P.M., the RP said:</p> <p>- The resident attempted to make a purchase and was not able to due to insufficient funds.</p> <p>- He/she then found out the resident allowed NA A his/her debit card to pay two bills, but NA A emptied the resident's bank account taking \$3,510.04.</p> <p>- He/she called the bank and stopped the debit card.</p> <p>- He/she had a conversation with the Administrator, Director of Nursing (DON) and SSD and agreed not to press charges if all of the money was returned within one week.</p> <p>- Certified Nurse Aide (CNA) A returned the money in two payments.</p> <p>During an interview on 1/26/23 at 8:04 A.M., NA A said:</p> <p>- He/she had talked with the resident about getting behind in his/her light and rent bills.</p> <p>- The resident said he/she could borrow the money to pay his/her light bill of \$400 and rent of \$500 and handed him/her the debit card with pin number.</p> <p>- He she went on to spend money that was not authorized by the resident to purchase gas, cigarettes, diapers and wipes.</p> <p>- He/she also owed money to his/her family members.</p> <p>- The total taken was \$3,700.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - He/she was in jail when the resident's RP found out he/she had taken the resident's money. - He/she and CNA A were in a romantic relationship, CNA A paid the money back to the resident because the RP was going to press criminal charges against NA A. - The RP said if the money was paid back within one week he/she would not call the police. - He/she knew that he/she was not supposed to take money from the resident. <p>During an interview on 1/24/23 at 9:52 A.M., CNA A said:</p> <ul style="list-style-type: none"> - He/she and his/her significant other worked at the facility at the same time. - His/her significant other took money from Resident #2, because he/she and NA A had financial problems. - He/she was aware that NA A took \$3510.04 from the resident. - The facility Administrator and the resident's RP worked out an agreement if CNA A and NA A paid the resident back within one week, the RP would not report it to the police. - He/she paid the money taken from the resident in two payments. - He/she knew it was not appropriate for NA A to take money from the resident. <p>During an interview on 1/18/23 at 2:40 P.M. the administrator said:</p> <ul style="list-style-type: none"> - Resident #2 gave money to NA A awhile back to pay a couple of bills. - NA A took more money than the resident authorized. - The resident's RP was upset, but agreed to not call the police if CNA A and NA A returned the money within a week. - CNA A paid the resident back the money that was taken, over \$3000. - She did not report the stolen money to the police or to the State Survey Agency. - She did not investigate the stolen money when she became aware of it on 9/1/22. - She expected the staff to not take money from Resident #2. <p>MO212731</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 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>44993</p> <p>Based on interview and record review, the facility staff failed to report to law enforcement (LE) and the Department of Health and Senior Services (DHSS) when the facility Administrator became aware on 9/1/22 that Nurse Aide (NA) A misappropriated money from Resident #2 totaling \$3,510.04. Additionally, the facility failed to report to LE and DHSS when the Administrator and Director of Nurses (DON) discovered NA A provided marijuana to Resident #1 on 1/12/23. The resident became ill with profuse vomiting, abnormal vital signs, increased confusion, and decreased cognition. This affected two of six sampled residents. The facility census was 47.</p> <p>Review of the undated Abuse and Neglect policy showed:</p> <ul style="list-style-type: none"> - The Administrator will report allegations of abuse and misappropriation to LE and DHSS within two hours of becoming aware of it if the allegation involves abuse. - Drugs that are given to residents was considered to be abuse. - The Administrator will ensure that any further potential abuse was prevented. <p>1. Review of Resident #2's quarterly Minimum Data Set (MDS, a federally mandated assessment completed by the facility staff), dated 11/4/22, showed:</p> <ul style="list-style-type: none"> - He/she had a Brief Interview for Mental Status score of 15, indicating no cognitive impairment. - His/her diagnoses included depression and psychosis (severe mental condition in which thought and emotions are affected resulting in loss of reality). <p>During an interview on 1/18/23 at 3:57 P.M., the resident said:</p> <ul style="list-style-type: none"> - He/she felt bad for NA A, because he/she told her he/she was having money problems and was not able to pay his/her bills. - He/she handed NA A his/her debit card with the pin number, so NA A could pay a light and phone bill. - NA A was only supposed to pay two bills totaling \$900. - NA A continued to use his/her debit card withdrawing money from an Automatic Teller Machine (ATM) and making additional purchases totaling \$2,610.04. - His/her Responsible Party (RP) found out about it and was angry. <p>Review of the resident's bank statements showed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - 7/18/22 Debit transaction (DT) for two different things purchase of \$22.32 at a local gas station and second DT transaction the same day at the same gas station that charged \$23.59, ATM withdrawal using the gas station ATM of \$200, a second withdrawal of \$300, and a third withdrawal of \$300, and ATM fees totaling \$16.50. - 7/21/22 DT purchase at a local gas station of \$19.60, ATM withdrawal of \$300, and ATM fees of \$5.50. - 7/22/22 DT purchase at a local gas station \$29.26, ATM withdrawal of \$200, and ATM fees totaling \$4.50. - 7/25/22 DT purchase at a local gas station of \$49.35, ATM withdrawal of \$200, and ATM fees of \$4.50. - 7/28/22 DT purchase at a local gas station of \$25.08. - 8/1/22 ATM withdrawal at a local gas station of \$380, a second withdrawal of \$380, and ATM fees of \$9.00. - 8/3/22 DT purchase at a local gas station of \$20.92 and 73.82, DT purchase with cash back at a local discount store of \$22.79, DT purchase at a local discount store of \$58.43, ATM withdrawal at a local gas station of \$380, and ATM fees of \$5.50. -8/22/22 DT purchase at a local gas station of \$3.90, ATM withdrawal at a local gas station of \$200, ATM fees of \$5.50, and DT purchase at a discount store of \$29.95. - 8/23/22 ATM withdrawal at a local gas station \$100 and ATM fees of \$5.50. - 8/24/22 Bank overdraft fee of \$35.00. - 8/25/22 DT purchase at a local liquor store of \$44.53. - 8/26/22 Bank overdraft fee of \$35.00 for overdraft DT purchase. - 8/29/22 Bank overdraft fee of \$5.00 for continuous overdraft. - 8/30/22 Bank overdraft fee of \$5.00 for continuous overdraft. - 8/31/22 Bank overdraft fee of \$5.00 for continuous overdraft. - 9/1/22 Bank overdraft fee of \$5.00 for continuous overdraft. - The total amount withdrawn was \$3510.04. <p>During an interview on 1/26/23 at 8:04 A.M., NA A said:</p> <ul style="list-style-type: none"> - He/she had talked with the resident about getting behind on his/her light and rent bills. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - The resident said he/she could borrow the money to pay his/her light bill of \$400 and rent of \$500 and handed him/her the debit card with pin number. - He she went on to spend money that was not authorized by the resident to purchase gas, cigarettes, diapers and wipes. - He/she also owed money to his/her family members. - The total taken was \$3,700. - He/she was in jail when the resident's RP found out he/she had taken the resident's money. - He/she and CNA A were in a romantic relationship, CNA A paid the money back to the resident because the RP was going to press criminal charges against NA A. - The RP said if the money was paid back within one week he/she would not call the police. - He/she knew that he/she was not supposed to take money from the resident. <p>Review of a social service note, dated 9/1/22, showed:</p> <ul style="list-style-type: none"> - Social Services Director (SSD) overheard two staff members talking about NA A owing Resident #2 money. - He/she reported the conversation to the Administrator. - He/she spoke with the resident who told him/her he/she had given NA A a money, but was unsure of how much. - He/she obtained the resident's bank statements, the resident reviewed the statements and found several withdrawals that the resident did not make or authorize. - The total taken was \$3,510.04. <p>During an interview on 1/24/23 at 1:35 P.M. the SSD said:</p> <ul style="list-style-type: none"> - He/she overheard two aides talking about how NA A owed Resident #2 money. - He/she did not remember who the aides were and did not get statements from them. - He/she spoke with the resident who told him/her NA A took more money than the resident authorized NA A to take. - The resident did not want NA A to get into trouble because he/she had a soft spot for NA A. - He/she spoke with the resident's RP who initially wanted to press criminal charges, but decided to allow NA A to pay back the money. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - He/she did not report the misappropriated money to LE or DHSS, because the resident begged him/her not to. - He/she knew he/she was supposed to report it to LE and DHSS. <p>During an interview on 1/18/23 at 2:40 P.M., the administrator said:</p> <ul style="list-style-type: none"> - She became aware that Resident #2 allowed NA A to borrow money, to pay his/her light bill and rent in August and NA A misappropriated more money than the resident authorized on 9/1/22. - She did not report the missing money from Resident #2 to LE or DHSS. - She should have reported the misappropriated money from Resident #2 to LE and DHSS. <p>2. Review of Resident #1's annual Minimum Data Set (MDS, a federally mandated assessment completed by the facility staff), dated 11/14/22, showed:</p> <ul style="list-style-type: none"> - He/she had a Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive impairment. - Diagnoses included: depression, heart disease, anxiety, and diabetes mellitus type two (a disease in which the body does not process blood sugar properly). - He/she depended on two staff members for transfers, repositioning while in bed, to use the toilet and get dressed. <p>Review of the resident's a nurse's note, dated 1/13/23 at 1:30 P.M., showed the administrator documented the following:</p> <ul style="list-style-type: none"> - She was called to the resident's room by a CNA, because the resident was not acting right. - The resident had green vomit to the right side of his/her face and neck. - The resident was alert, but slow to respond. - The resident was found with a small amount of green leafy plant material that appeared to be marijuana; the resident said he/she consumed some of it by eating it. <p>During an interview on 1/18/23 at 3:44 P.M., the resident said:</p> <ul style="list-style-type: none"> - NA A gave him/her a cellophane cigarette wrapper that contained green leafy marijuana on 1/12/23. - The marijuana was about three inches long. - The resident ate a small amount the evening he/she received it and then placed it in his/her glasses case on his/her bedside table. - He/she ate more of the marijuana at lunch time on 1/13/23. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - He/she placed the remaining marijuana back in the cellophane cigarette wrapper and back in his/her glasses case. - He/she became very ill, vomiting and did not remember anything further. <p>During an interview on 1/18/23 at 2:40 P.M., the DON said:</p> <ul style="list-style-type: none"> - Resident #1 told her NA A provided marijuana to him/her on 1/12/23. - She did not report that to LE or DHSS and should have. <p>During an interview on 1/18/23 at 2:40 P.M., the administrator said:</p> <ul style="list-style-type: none"> - 1/13/23 she became aware Resident #1 reported to the DON that NA A provided marijuana to him/her on 1/12/23. - She did not report the marijuana that was provided to Resident #1 to LE or DHSS. - She should have reported the marijuana provided to Resident #1 to LE and DHSS. <p>MO212731</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 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>44993</p> <p>Based on interview and record review, the facility Administrator and Director of Nurses (DON) failed to investigate misappropriation of money from Resident #2 when they were made aware on 9/1/22 that Nurse Aide (NA) A had misappropriated \$3,510.04 from the resident's bank account during the months of July and August 2022. The Administrator and DON also failed to conduct an investigation when Resident #1 told them NA A gave him/her marijuana on 1/13/23. This affected two of six sampled residents. The facility census was 47.</p> <p>Review of the Abuse Investigation policy, dated July 2017, showed:</p> <ul style="list-style-type: none"> - The investigation was to include interviews of the person reporting the incident, witnesses, residents, and staff members. - Review of the resident documents and events leading up to the incident. - Witness reports were to be obtained in writing. - The investigation findings were to be on approved forms. <p>1. Review of Resident #2's quarterly Minimum Data Set (MDS, a federally mandated assessment completed by the facility staff), dated 11/4/22, showed:</p> <ul style="list-style-type: none"> - He/she had a Brief Interview for Mental Status score of 15, indicating no cognitive impairment. - His/her diagnoses included depression and psychosis (severe mental condition in which thought and emotions are affected resulting in loss of reality). <p>Review of a social service note, dated 9/1/22, showed:</p> <ul style="list-style-type: none"> - Social Services Director (SSD) overheard two staff members talking about NA A owing Resident #2 money. - He/she reported the conversation to the Administrator. - He/she spoke with the resident who told him/her he/she had given NA A money, but was unsure of how much. - He/she obtained the resident's bank statements, the resident reviewed the statements and found several withdrawals that the resident did not make or authorize. - The total taken was \$3510.04. <p>Review of Resident #2's bank statements showed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - 7/18/22 Debit transaction (DT) for two different things purchase of \$22.32 at a local gas station and second DT transaction the same day at the same gas station that charged \$23.59, ATM withdrawal using the gas station Automatic Teller Machine (ATM) of \$200, a second withdrawal of \$300, and a third withdrawal of \$300, and ATM fees totaling \$16.50. - 7/21/22 DT purchase at a local gas station of \$19.60, ATM withdrawal of \$300, and ATM fees of \$5.50. - 7/22/22 DT purchase at a local gas station \$29.26, ATM withdrawal of \$200, and ATM fees totaling \$4.50. - 7/25/22 DT purchase at a local gas station of \$49.35, ATM withdrawal of \$200, and ATM fees of \$4.50. - 7/28/22 DT purchase at a local gas station of \$25.08. - 8/1/22 ATM withdrawal at a local gas station of \$380, a second withdrawal of \$380, and ATM fees of \$9.00. - 8/3/22 DT purchase at a local gas station of \$20.92 and 73.82, DT purchase with cash back at a local discount store of \$22.79, DT purchase at a local discount store of \$58.43, ATM withdrawal at a local gas station of \$380, and ATM fees of \$5.50. -8/22/22 DT purchase at a local gas station of \$3.90, ATM withdrawal at a local gas station of \$200, ATM fees of \$5.50, and DT purchase at a discount store of \$29.95. - 8/23/22 ATM withdrawal at a local gas station \$100 and ATM fees of \$5.50. - 8/24/22 Bank overdraft fee of \$35.00. - 8/25/22 DT purchase at a local liquor store of \$44.53. - 8/26/22 Bank overdraft fee of \$35.00 for overdraft DT purchase. - 8/29/22 Bank overdraft fee of \$5.00 for continuous overdraft. - 8/30/22 Bank overdraft fee of \$5.00 for continuous overdraft. - 8/31/22 Bank overdraft fee of \$5.00 for continuous overdraft. - 9/1/22 Bank overdraft fee of \$5.00 for continuous overdraft. - The total amount withdrawn was \$3510.04. <p>During an interview on 1/18/23 at 3:57 P.M., the resident said:</p> <ul style="list-style-type: none"> - He/she felt bad for NA A because he/she told her he/she was having money problems and was not able to pay his/her bills. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - He/she handed NA A his/her debit card with the pin number, so NA A could pay a light and phone bill. - NA A was only supposed to pay two bills totaling \$900. - NA A continued to use his/her debit card withdrawing money from an ATM and making other purchases totaling \$2,610.04. - His/her Responsible Party found out about it and was angry. <p>Review of the resident's record showed facility staff did not complete an investigation.</p> <p>During an interview on 1/18/23 at 2:40 P.M., the Administrator said:</p> <ul style="list-style-type: none"> - She or the DON were responsible to conduct investigations. - She became aware on 9/1/22 Resident #2 allowed NA A to borrow money, to pay his/her light bill and rent in July. - NA A misappropriated more money than the resident authorized throughout July and August. - She did not investigate the missing money from Resident #2. - She should have investigated the misappropriated money from Resident #2. <p>2. Review of Resident #1's annual Minimum Data Set (MDS, a federally mandated assessment completed by the facility staff), dated 11/14/22, showed:</p> <ul style="list-style-type: none"> - He/she had a Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive impairment. - Diagnoses included: depression, heart disease, anxiety, and diabetes mellitus type two (a disease in which the body does not process blood sugar properly). <p>Review of the resident's nurse's note, dated 1/13/23 at 1:30 P.M., the Administrator documented:</p> <ul style="list-style-type: none"> - She was called to the resident's room by a CNA because the resident was not acting right. - The resident had green vomit to the right side of his/her face and neck. - The resident was alert, but slow to respond. - The resident was found with a small amount of green leafy plant material that appeared to be marijuana; the resident said he/she consumed some of it by eating it. <p>Review of the resident's record showed the staff did not complete an investigation.</p> <p>During an interview on 1/18/23 at 3:44 P.M., the resident said:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - NA A gave him/her a cellophane cigarette wrapper that contained green leafy marijuana on 1/12/23. - The marijuana was about three inches long. - The resident ate a small amount the evening he/she received it and then placed it in his/her glasses case on his/her bedside table. - He/she ate more of the marijuana at lunch time on 1/13/23. - He/she placed the remaining marijuana back in the cellophane cigarette wrapper and back in his/her glasses case. - He/she became very ill vomiting and did not remember anything further. <p>During an interview on 1/18/23 at 2:40 P.M., the DON said:</p> <ul style="list-style-type: none"> - Resident #1 told her NA A provided marijuana to him/her on 1/12/23. - She called NA A on 1/13/23 prior to the start of his/her shift, who denied providing the marijuana to Resident #1. - She did not conduct an investigation, because NA A denied he/she provided Resident #1 marijuana. - She allowed NA A to continue to work his/her scheduled night shifts 1/13/23 to 1/15/23. <p>During an interview on 1/18/23 at 2:40 P.M., the Administrator said:</p> <ul style="list-style-type: none"> - She became aware Resident #1 reported to the DON that NA A provided marijuana to him/her on 1/13/23. - She did not investigate the marijuana that was provided to Resident #1. - She should have investigated the marijuana provided to Resident #1. <p>MO212731</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44993</p> <p>Based on interview and record review, the facility staff failed to ensure services provided met professional standards of quality when the facility allowed untrained and uncertified staff to administer medications to residents. On multiple occasions, Licensed Practical Nurse (LPN) B handed Nurse Aide (NA) A the keys to the medication carts, giving NA A access to resident medications, including narcotics, stored in the cart. LPN B requested NA A give medications to three residents (Residents #3, #4, and #5), on multiple night shift's. NA D witnessed NA A use a pill cutter that was stored in Resident #2's closet, cut Resident #2's round pill and told NA D the resident received half and NA A took half. NA A placed half the tablet in a sandwich bag that contained other pills. This affected four of six sampled resident's. The facility census was 47.</p> <p>Review of the medication administration policy, dated April 2019, showed:</p> <ul style="list-style-type: none"> - Medications were to be administered in a safe manner. - Only person's licensed were to prepare, administer and document medications to residents. - The licensed staff giving the resident medications must verify the resident's identity before administering medications. - The licensed staff giving the resident medications must check the label three times to verify the medication is the right medication, right resident, right route, right dosage, and right time. - The medication cart was to be kept closed and locked when not in the sight of the licensed staff. - The staff administering the medications was supposed to place their initials on the resident's Medication Administration Record (MAR) after the medication was given. <p>Review of NA A and LPN B's work schedules for the months of November 2022, December 2022 and January 2023 showed:</p> <ul style="list-style-type: none"> - Both staff worked 6:00 P.M. to 6:00 A.M. shift: 11/15/22 to 11/20/22, 11/22/22 to 11/24/22, 11/27/22 to 11/30/22. - 12/3/22 and 12/4/22, 12/10/22 to 12/14/22, 12/16/22 to 12/19/22, 12/22/22 to 12/26/22. - 1/5/23 to 1/10/23 and 1/13/23 to 1/15/23. <p>1. Review of Resident #3's annual Minimum Data Set (MDS, a federally mandated assessment completed by the facility staff), dated 12/5/22, showed:</p> <ul style="list-style-type: none"> - He/she had a Brief Interview for Mental Status (BIMS) score of 11, indicating moderate cognitive impairment. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Diagnoses included: anxiety, moderate depression, and hypothyroidism (a condition in which the thyroid does not function properly).</p> <p>Review of the resident's Physician Order Sheet (POS), dated January 2023, showed:</p> <p>- 1/17/23: An order to increase the resident's Levothyroxine (a medication to treat disorders of the thyroid) to 150 mcg by mouth one time daily.</p> <p>- There was no order for cough syrup.</p> <p>Review of the resident's MAR, dated January 2023, showed:</p> <p>- LPN B signed as giving the medication during the month of January on 1/5/23-1/7/23, 1/9/23-1/12/23, 1/14/23-1/17/23, and 1/19/23-1/24/23.</p> <p>During an interview on 1/26/23 at 8:04 A.M. NA A said:</p> <p>- He/she had given Resident #3 cough syrup during the night and given his/her thyroid medication early in the morning every night he/she worked, because LPN B asked him/her to.</p> <p>- LPN B pulled the cough syrup out of the cart, placed it on top of the cart and told NA A how to measure the medication.</p> <p>- NA A poured the cough syrup into a medication cup and then delivered it to the resident.</p> <p>During an interview on 1/26/23 at 11:33 A.M., the resident said:</p> <p>- NA A often brought him/her cough syrup during the night.</p> <p>- NA A often brought him/her thyroid medication during the night and set it on the table.</p> <p>- He/she would take the medication when he/she awakened in the morning.</p> <p>2. Review of Resident #4's quarterly MDS, dated [DATE], showed:</p> <p>- He/she had a BIMS score of 15, indicating no cognitive impairment.</p> <p>- Diagnoses included: Parkinson's disease, (a disease of the nervous system that causes shaking, stiffening muscles, and slow movement), seizure disorder, and depression.</p> <p>Review of the resident's POS and MAR, dated January 2023, showed:</p> <p>- 8/30/22 Carbidopa/Levodopa 25/250 mg (a medication to treat Parkinson's Disease), per tablet, give one tablet by mouth six times daily at 3:00 A.M., 6:00 A.M., 11:00 A.M., 3:00 P.M., 6:00 P.M., and 9:00 P.M.</p> <p>- LPN B signed as giving the medication during the month of January on 1/5/23-1/7/23, 1/9/23-1/12/23, 1/14/23-1/17/23, and 1/19/23-1/24/23.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 1/26/23 at 8:04 A.M., NA A said he/she had given Resident #4 his/her 3:00 A.M. pill every night he/she worked, because LPN B asked him/her to.</p> <p>During an interview on 1/26/23 at 11:33 A.M., the resident said:</p> <ul style="list-style-type: none"> - NA A often brought him/her the 3:00 A.M. dose of Carbidopa/Levodopa. - Sometimes NA A set it on his/her bedside table and he/she would take it when he awakened in the middle of the night. <p>During an interview on 1/31/23 at 1:00 P.M., LPN B said:</p> <ul style="list-style-type: none"> - He/she labeled the medication cups, placed the resident's medications in the cups and left them sitting on top of the carts. - He/he asked NA A to give Resident #4 his/her 3:00 A.M. Carbidopa/Levodopa. - He/she should not have asked NA A to give any medications to the residents. <p>3. Review of Resident #5's quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> - He/she had a BIMS score of 13, indicating minimal cognitive deficit. - Diagnoses included: anxiety, depression, and multiple sclerosis, (a progressive disease that causes damage to the nerve cells in the brain and spinal cord). <p>Review of the resident's POS and MAR, dated January 2023, showed:</p> <ul style="list-style-type: none"> - 3/11/22 An order for tussin (cough medicine), 100 mg per 5 ml. Give two teaspoons by mouth every 6 hours as needed for cough - There was an order for the tussin on the January 2023 MAR, however staff did not document the medication had been given. <p>During an interview on 1/26/23 at 8:04 A.M., NA A said:</p> <ul style="list-style-type: none"> - He/she had given the resident cough syrup during the night often, because LPN B asked him/her to. - LPN B pulled the cough syrup out of the cart, placed it on top of the cart and told NA A how to measure the medication. - NA A poured the cough syrup into a medication cup and then delivered it to the resident. <p>During an interview on 1/26/23 at 12:26 P.M., the resident said:</p> <ul style="list-style-type: none"> - NA A had given him/her cough syrup during the night when he/she had a coughing fit. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- He/she knew NA A was not a nurse or CMT.</p> <p>- He/she thought the last time NA A gave him/her cough syrup was two weeks ago.</p> <p>4. Review of Resident #2's quarterly MDS, dated [DATE], showed:</p> <p>- He/she had a BIMS score of 15, indicating no cognitive impairment.</p> <p>- His/her diagnoses included depression, psychosis (severe mental condition in which thought and emotions are affected resulting in loss of reality), and chronic pain.</p> <p>Review of the Resident's care plan for pain dated 9/23/22, showed:</p> <p>- The staff were to observe the resident for effectiveness of the pain medication.</p> <p>- The facility staff will provide pain medications as the physician prescribed.</p> <p>Review of the resident's POS, dated January 2023, showed:</p> <p>- 10/29/22 Oxycodone/ acetaminophen (a highly addictive pain medication) 10/325 mg, give one tablet by mouth every eight hours.</p> <p>Observation of a Oxycodone/acetaminophen 10/325 mg tab showed the medication was white, oblong and had M367 imprinted on the pill.</p> <p>During an interview on 1/18/23 at 4:59 P.M., NA D said:</p> <p>- On 1/15/23, NA A was in the cart looking at the cards of pills and placed pills in medication cups.</p> <p>- NA A took the medication to Resident #2.</p> <p>- NA A entered Resident #2's room and asked NA D to enter the room with him/her.</p> <p>- NA A pulled a pill cutter from the resident's closet and cut a round pill in half with it.</p> <p>- NA A told NA D, Resident #2 gets half and he/she got half.</p> <p>- NA A told NA D he/she took the medication from residents often.</p> <p>- NA A then placed the half pill in a clear sandwich bag with other half pills and gave the resident half a pill.</p> <p>During an interview on 1/24/23 at 3:09 P.M., the resident said:</p> <p>- He/she had a pill cutter in his her room he/she used to cut yarn when crafting.</p> <p>- He/she no longer had the pill cutter and was unsure when it disappeared</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. During an interview on 1/18/23 at 4:33 P.M., NA B said:</p> <ul style="list-style-type: none"> - He/she witnessed LPN B hand NA A the medication cart keys. - He/she witnessed LPN B hand NA A medication cups with medications in them and asked NA A to give them to residents. - He/she reported the incident to the Director of Nurses (DON) multiple times, but nothing was done about it. - LPN B asked him/her to give a resident some medication one time in October. NA B told LPN B he/she could not do that. <p>During an interview on 1/18/23 at 4:59 P.M., NA D said:</p> <ul style="list-style-type: none"> - LPN B often told NA A to give medications to residents. - LPN B placed residents medication in medication cups and sat the cups on top of the cart. - During the night on 1/14/23 he/she had a headache and was unable to find LPN B to ask for Tylenol from the medication cart. - He/she and NA A were outside smoking. NA D asked NA A if he/she had a Tylenol for a head ache. - NA A told NA D he/she had something better and handed him/her a pill from his/her pocket. - NA D said the pill did not look right, it was white, oblong shaped with the numbers M367 imprinted on the pill. - He/she searched the numbers on the pill online and discovered the pill was hydrocodone. - NA D did not consume the pill, but hid the pill in the supply room, because he/she did not want to have the pill on him/herself. - He/she did not tell anyone about the pill until the next evening, because he/she did not know what to do. - NA D confided to NA B during supper on 1/15/23 that NA A had given him/her a narcotic pain pill the night prior. - NA B finished his/her shift and left the facility. - NA D later during the night of 1/15/23 called the police to report the pill. - NA D gave the police the pill as evidence. - He/she witnessed LPN B give the medication cart keys to NA A to take medications out of the cart on multiple occasions. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - LPN B asked NA D to pass a medication to a resident and NA D refused telling LPN B he/she was not able to give medications because he/she was not licensed to do so. <p>During an interview on 1/26/23 at 8:04 A.M. NA A said:</p> <ul style="list-style-type: none"> - He/she had given Resident's #3 and #5 cough syrup during the night often, because LPN B asked him/her to. - He/she had given Resident #3's thyroid medication early in the morning every night he/she worked, because LPN B asked him/her to. - He/she had given Resident #4 his/her 3:00 A.M. pill every night he/she worked, because LPN B asked him/her to. - LPN B often left the medication cart unlocked. - LPN B allowed NA A to get into the cart to get Tylenol (a mild pain medication), out of the cart to take when he/she had a headache or toothache most nights he/she worked. - He/she told the DON that LPN B asked him/her to give medications to the resident's. - The DON told him/her to tell LPN B he/she was not supposed to give medications to the residents, but nothing changed and LPN B continued to ask NA A to give medications to the residents at night. - No other nurses asked NA A to give the residents medications. - He/she knew he/she was not supposed to give medications to the residents. - He/she was arrested on 1/26/23 because he/she gave a pill from his/her pocket to NA D. - He/she had a prescription from his/her dentist for Norco (pain pill) from his/her dentist to take the medication two times per day. - He/she took the medication before the start of his/her shift and the second dose after his/her shift when he/she returned home. - He/she kept two pills of the Norco in his/her pocket. - He/she did not know why he/she kept two pills in his/her pocket. <p>During an interview on 1/18/22 at 11:42 A.M., Police Officer (PO) A said:</p> <ul style="list-style-type: none"> - He/she also worked as an Emergency Medical Technician (EMT) on the county ambulance. - He/she had responded to emergencies several times during the night when LPN B was working and saw medication cups on top of the medication carts with pills in them and LPN B elsewhere in the facility not monitoring the pills. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - NA D gave the police the pill that NA A gave to him/her. <p>During an interview on 1/31/23 at 1:00 P.M., LPN B said:</p> <ul style="list-style-type: none"> - He/she handed the medication cart keys to NA A often to get into the supply room, the narcotic box key was on the key ring. - He/she often left the medication carts unlocked during the night. - He/she pulled both medication carts to the nurse's station at the beginning of his/her shift and set up the residents' medications for the night. - He/she labeled the medication cups, placed the resident's medications in the cups and left them sitting on top of the carts. - He/he asked NA A to give Resident #4 his/her 3:00 A.M. Carbidopa/Levodopa. - He/she should not have asked NA A to give any medications to the residents - He/she should not have left the medication carts unlocked or set up the residents medications. - He/she should not have handed NA A the medication cart keys giving access to the medication cart and narcotic box to a non- licensed staff member. <p>During an interview on 1/26/23 at 4:15 P.M., the DON said:</p> <ul style="list-style-type: none"> - A staff member in passing told her that LPN B let the aides pass medications. - She talked with LPN B and told him/her that was not allowed within the past two weeks. - She had a verbal conversation with LPN B and did not write anything down or place any type of documentation of the conversation in LPN B's personnel file. - She expected the nurses to give their own medications. - It was not appropriate for an unlicensed staff member to give residents medications. - It was not appropriate for LPN B to give NA A the medication cart keys, giving him/her access to the residents medications including narcotics. - It had not been reported to her the allegation of NA A cutting medications and keeping half for themselves. <p>MO212731 and MO213212</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>44993</p> <p>Based on observation, interviews and record review, the facility staff failed to prevent a significant medication error, when Certified Medication Technician (CMT) A failed to ensure Resident #6 swallowed his/her morning scheduled dose of apixaban (a medication to prevent blood clots) 5 milligrams (mg). This affected one of six sampled residents. The facility census was 49.</p> <p>Review of the Medication Administration policy, dated 4/19, showed:</p> <ul style="list-style-type: none"> - Medications were to be administered in a safe, timely manner, and as prescribed. - Medications are to be administered in accordance with the prescriber's instructions, including the time frame. - Medication errors are documented and reviewed by the Quality Assurance Performance Improvement (QAPI) team. - Medications are to be administered within one hour of the required time frame unless ordered by the prescriber differently. <p>Review of the Medication Errors policy, dated 4/14, showed:</p> <ul style="list-style-type: none"> - A medication error was defined the preparation of a medication and the medication was not given per the prescriber's order. - An example of a medication error was not giving a medication when it was ordered to give. - The facility staff was supposed to notify the physician of the medication error immediately when it was discovered. - An incident report was to be completed by the facility staff. <p>Review of the manufacturer's instructions of apixaban, dated April 2021, showed the following:</p> <ul style="list-style-type: none"> - The medication is used to reduce the risk of stroke and blood clots in people who have atrial fibrillation. - The medication was to be taken two times per day. - Stopping the use of the medication may increase the risk for a stroke. <p>1. Review of Resident #6 Quarterly Minimum Data Set (MDS, a federally mandated assessment tool completed by the facility staff), dated 1/31/23, showed:</p> <ul style="list-style-type: none"> - Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive impairment. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Diagnoses included: Heart failure, atrial fibrillation (a condition in which the heart chambers do not work properly and increase the risk for the development of a blood clot), and anxiety.</p> <p>- He/she required the assistance two staff to reposition while in bed, transfer and get dressed.</p> <p>Review of the Resident's undated care plan showed the resident received apixaban and to monitor the resident for bruising.</p> <p>Review of the resident's the Physician Order Sheet (POS) showed an order for apixaban 5 mg by mouth two times daily to treat atrial fibrillation, dated 9/23/22. The medication was scheduled to be given at 8:00 A.M. and 8:00 P.M. The POS did not have an order to leave medications at the resident's bedside.</p> <p>Review of the resident's March 2023 Medication Administration Record (MAR) showed the medication was scheduled to be given during the 8:00 A.M. medication pass. CMT A signed the MAR as if he/she had administered the medication at 8:00 A.M. on 3/23/23.</p> <p>An observation and interview on 3/23/23 at 9:59 A.M., showed:</p> <ul style="list-style-type: none"> - The resident was in bed with a blanket pulled up to his/her chest. - A pink, oval shaped pill with 894 stamped on it was lying on the blanket at the resident's abdomen area. - Google search identified the medication as an apixaban. - The resident said CMT A gave him/her morning pills earlier that morning. - He/she could not remember if CMT A stayed in the room while he/she took his/her medications. - He/she must have missed taking that pill. - He/she picked the pill up and placed it on his/her over the bed table. <p>During an interview on 3/23/23 at 10:25 A.M., Registered Nurse (RN) A said:</p> <ul style="list-style-type: none"> - The resident turned his/her light on and reported he/she had a pill on his/her over the bed table. - RN A took possession of the pill and destroyed it. <p>During an interview on 3/23/23 at 2:24 P.M., CMT A said:</p> <ul style="list-style-type: none"> - He/she had passed medications to the resident at 9:00 A.M. - He/she had prepared apixiban 5 mg for the resident to take. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2023
NAME OF PROVIDER OR SUPPLIER Hill Crest Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 801 South Colby Hamilton, MO 64644	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - He/she handed the resident the medication cup with several medications in it. He/she thought the resident had all the medications in his/her mouth. - The resident swallowed what was in his/her mouth and did not choke. - CMT A exited the resident's room. - CMT A said he/she was trained to make sure the residents take their medications and do not aspirate (sucking the pills into the lung). - He/she did not make sure the resident had swallowed all of the medications before he/she left the room and he/she should have. - CMT A said the resident must not have gotten all of the medications in his/her mouth. - The DON was made aware of the medication error. <p>During an interview on 3/29/23 at 12:09 P.M., the DON said:</p> <ul style="list-style-type: none"> - She expected CMT A to stand and watch the residents take their medications. <p>During an interview on 3/28/23 at 12:47 P.M., the Administrator said:</p> <ul style="list-style-type: none"> - She expected CMT A to make sure the resident had swallowed his/her pills. <p>During an interview on 3/23/23 at 4:00 P.M., the Corporate Nurse said:</p> <ul style="list-style-type: none"> - He/she expected CMT A to stay with the resident and ensure the resident swallowed all of his/her medication. <p>During an interview on 3/28/23 at 9:15 A.M. Primary Care Physician (PCP) A said:</p> <ul style="list-style-type: none"> - He was not aware of the significant medication error for Resident #6 on 3/23/23. - The facility staff did not report it to him. - The resident had a history of atrial fibrillation and a missed dose could put the resident at risk for developing a blood clot or a stroke. - He would expect CMT A to watch the resident take his/her medications. - He considered the missed dose of apixaban as a significant medication error and could have had a negative effect on the resident. - He expected the DON or administrator to report the medication error to him when it occurred. <p>MO213606</p>		