STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265681	A. BUILDING _____ B. WING _____	C 10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POTOSI MANOR	307 SOUTH HIGHWAY 21 POTOSI, MO 63664

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600 SS=J	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to protect one confused and vulnerable resident's (Resident #1), out of four sampled residents, right to be free from physical abuse during medication administration, when facility staff held the resident's hands and forced his/her medication in his/her mouth- resulting in the resident sobbing and screaming the staff were devils. The facility census was 62. On 10/22/24 at 2:00 P.M., the Administrator was notified of the past non-compliance immediate jeopardy (IJ) which began on 10/19/24. Upon discovery, the facility immediately conducted an investigation, removed and terminated the staff involved, and inserviced staff on abuse and neglect and medication administration. The IJ was corrected on 10/21/24. Review of the facility's policy titled, "Abuse	F 600	Past noncompliance: no plan of correction required.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Melissa Smith — TITLE: LPN LU HA — (X6) DATE: 2-11-25

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265681	A. BUILDING _____ B. WING _____	C 10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POTOSI MANOR	**307 SOUTH HIGHWAY 21 POTOSI, MO 63664**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 1	F 600		

Prohibition Protocol Manual", undated, showed:
-Each resident will be free from abuse. Abuse can include verbal, mental, sexual, or physical abuse, misappropriation of resident property and exploitation, corporal punishment or involuntary seclusion;
-Residents will be free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms.

The facility did not provide a policy for medication administration relating to handling medication refusals and/or refusals by combative residents.

1. Review of Resident #1's medical record showed:
-Admitted on 02/19/24;
-Diagnoses of anxiety disorder, dementia with severe agitation, disorientation, and severe major depressive disorder with psychotic features (depression along with a loss of touch with reality).
-History of refusing medications.

Review of Resident #1's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 08/27/24, showed the resident was severely cognitively impaired.

Review of the Facility Reported Incident dated 10/21/24, showed:
- On 10/21/24, the administrator received a handwritten account of an incident which occurred on 10/19/24 from Certified Nurse Aide (CNA) C;
- CNA C reported on 10/19/24 he/she heard Resident #1 yelling and went to check. CNA C

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265681	A. BUILDING _____ B. WING _____	C 10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POTOSI MANOR	**307 SOUTH HIGHWAY 21 POTOSI, MO 63664**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 2	F 600		

walked upon and observed Certified Medication Technician (CMT) A push Resident #1's head and pinch the resident's nose until the resident opened his/her mouth while Licensed Practical Nurse (LPN) B held the resident's wrists. CMT A shoved the medication and yogurt mixture into Resident #1's mouth. CMT A and LPN A released the resident and the resident stumbled into CNA C sobbing with his/her face covered in yogurt screaming the nurse and CMT were devils. CMT A told CNA C "you didn't see anything."
- The administrator immediately began an investigation, terminated all staff involved after receiving written statements and inserviced all staff on abuse and neglect, reporting timely and techniques and expectations from staff regarding dealing with a confused resident.

During an interview on 10/22/24 at 11:06 A.M., CNA C said on 10/19/24 at 4:15 P.M. he/she heard Resident #1 yell in the 100 hallway while he/she was gathering supplies for a resident's shower. CNA C said he/she went down the 100 hallway to check on Resident #1 and observed CMT A push Resident #1's head and pinch the resident's nose until the resident opened his/her mouth while LPN B held the resident's wrists. CMT A shoved the medication and yogurt mixture into Resident #1's mouth. CMT A and LPN A released the resident and the resident stumbled into CNA C sobbing, with his/her face covered in yogurt and screaming the nurse and CMT were devils. CMT A told CNA C "you didn't see anything."

During an interview on 10/22/24 at 11:11 A.M. CMT A said on 10/19/24 at approximately 4:15 P.M. he/she attempted to give medications to Resident #1 and the resident refused and spit at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265681	A. BUILDING _____ B. WING _____	C 10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POTOSI MANOR	**307 SOUTH HIGHWAY 21 POTOSI, MO 63664**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 3	F 600		

him/her. CMT A again attempted to give medications to Resident #1 and the resident attempted to scratch him/her. CMT A called LPN B over to hold the resident's hands while CMT A held the resident's head back and pinched the resident's nose until the resident opened his/her mouth. CMT A gave the resident the medication and yogurt mixture when the resident opened his/her mouth. CMT A said he/she knows he/she should not have administered the medications in that manner. CMT A said he/she was overwhelmed from working too much and the incident should have never happened.

During an interview on 10/22/24 at 12:03 P.M., LPN B said on 10/19/24 around 4:15 P.M., CMT A yelled for assistance with Resident #1. LPN B said as he/she approached CMT A, he/she observed Resident #1 attempting to scratch CMT A while the CMT was attempting to give the resident his/her medication. LPN B said he/she went over and held Resident #1's wrists so the resident couldn't scratch CMT A. CMT A proceeded to push the resident's head back and pinched the resident's nostrils until the resident opened his/her mouth then shoved the medication and yogurt mixture in. CMT A told CNA C, who had observed the medication administration, "you didn't see anything" and walked off. LPN B said he/she was caught off guard by CMT A pushing the resident's head back and pinching the resident's nose and it should not have happened. LPN B said he/she knew it was wrong and should have reported it, but he/she was new to the facility and was afraid to say anything. LPN B said he/she should not have held the resident's wrists.

During an interview on 10/22/24 at 12:38 P.M.,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265681	A. BUILDING _____ B. WING _____	C 10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POTOSI MANOR	**307 SOUTH HIGHWAY 21 POTOSI, MO 63664**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 4	F 600		

the resident's family member said he/she would not expect the facility to act in a physical manner when administering medications to Resident #1. He/she said the resident should have been talked to and handled with patience.

During an interview on 10/22/24 at 1:45 P.M., the Quality Assurance Nurse Consultant (QA Nurse) said if a resident is agitated and refusing medications he/she would expect staff to attempt to calm and redirect the resident. QA Nurse said staff should attempt to give the medications again after the resident has calmed down or attempt to have a different staff member give medications. Residents should never be forced to take their medications.

During an interview on 10/22/24 at 1:50 P.M., the Administrator said he/she would expect staff to honor the wishes of the resident if a resident refuses their medications and document the refusal.

During an interview on 10/22/24 at 1:25 P.M., the Nurse Practitioner (NP) said it is unacceptable to hold a resident's nose to attempt to administer medications. Staff should redirect, try again later to administer medications, or have a different staff member administer the medications.

During an interview on 10/22/24 at 2:44 P.M. the Medical Doctor (MD) said he/she was aware of the situation that occurred on 10/19/24 involving staff and Resident #1. The MD said administering medications in that manner is not acceptable.

Complaint #MO243888