

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265859	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/31/2025
NAME OF PROVIDER OR SUPPLIER  Cotton Point Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE  609 South Railroad Street Matthews, MO 63867	
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure one resident (Resident #1) was free from physical abuse on 07/23/25 when, as staff escorted the residents outside to smoke, Resident #2 made physical contact pushing Resident #1 down to the floor. Resident #1 was sent to the emergency room and diagnosed with a fractured hip that required surgical repair. The facility census was 60. The Administrator was notified on 07/31/25 of the Past Non-Compliance Immediate Jeopardy (IJ) which occurred on 07/23/25. Upon notification, the facility administration immediately started an investigation, notified the police department and Department of Health and Senior Services of the incident, and in-serviced all staff on the facility's policy and procedures for abuse and neglect. The IJ was corrected on 07/24/25. Review of the facility's policy titled, Abuse Prevention Program, undated, showed: The facility will not tolerate verbal, sexual, physical, or mental abuse, corporal punishment, and voluntary seclusion, neglect, or misappropriation of resident property; All allegations will be investigated and any findings that indicate abuse, willful neglect, mistreatment, or misappropriation of property will be taken very seriously and will be dealt with harshly; Every employee must report witnessed abuse, any remarks made, which might indicate abuse has occurred, and any signs of injury, like bruising or skin, tears to the supervisor, or charge nurse immediately; The Administrator and the Director of Nursing (DON) Services have an open-door policy for reports of abuse, neglect, mistreatment, or misappropriation of resident property and confidential reports can be made at any time. Review of Resident #2's medical record showed: admitted on [DATE]; Diagnoses of major depressive disorder, anxiety disorder (persistent worry and fear about everyday situations), paranoid personality disorder (a persistent pattern of extreme distrust and suspicion of others), schizophrenia (a long term mental disorder that affects a person's ability to think, feel, or behave clearly, sometimes including delusions or hallucinations), and post-traumatic stress disorder (PTSD - psychological distress following a traumatic event); Had an appointed guardian/public administrator. Review of the resident's Care Plan, revised 03/25/25, showed: Needs assistance from staff to make appropriate decisions; Has poor judgment and a guardian (public administrator) to help in making decisions; Difficulty getting along with other people and required staff oversight; Confrontational and usually easy to redirect; Can make his/her wants and needs known; Intervene as necessary to protect the rights and safety of others; Remove from the situation and take to alternate locations as needed; Review of the resident's Physicians Orders Sheet (POS), dated July 2025, showed: An order for olanzapine (an antipsychotic- primarily used to treat psychosis, a mental state characterized by a disconnect from reality, often involving hallucinations, delusions, and disorganized thinking) medication 10 mg by mouth at bedtime for schizophrenia, dated 07/18/25; An order for Invega (and antipsychotic medication) 234 mg/1.5 milliliter (ml) inject intramuscularly (injection into the muscle) every day shift every 28 days for schizophrenia affective disorder, depressive type, dated 05/23/25; An order to</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  265859	Facility ID:  265859  If continuation sheet Page 1 of 3

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