STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36219 Based on interview and record review the facility failed to protect one resident (Resident #6) from sexual abuse by another resident (Resident #5). Both residents were cognitively impaired and lived on the secured, special care unit of the facility. Staff members had observed both residents touching, holding hands, and kissing. Resident #6's guardian told facility staff he/she did not want Resident #6 to be involved in sexual activity. On 10/19/22 the staff member on the special care unit observed Resident #5 and Resident #6 in bed together. The staff member separated the residents. Later that same morning the staff member observed Resident #5 and Resident #6 actively engaged in sexual intercourse. A sample of 12 residents was selected for review. The facility census was 84. Review of the undated facility policy, titled Abuse Prohibition Protocol Manual showed the following: -It was the policy of the facility that each resident would be free from abuse. A resident would be protected from abuse, neglect and harm while they were residing at the facility. No abuse or harm of any type would be tolerated and residents and staff would be monitored for protection. The facility would strive to educate staff and other applicable individuals in techniques to protect all parties; -Abuse includes sexual abuse; - Accused residents would be isolated and monitored; -Allegations involving a sexual event (even if the event that caused the reasonable suspicion did not result in serious bodily injury), must be considered as serious bodily injury and reported to law enforcement agency and the State Survey Agency- Immediately. All precautions would be put in place to secure and protect the resident and /or items as to not interfere with or contaminate and allow for a thorough investigation by said entities; - Abuse prohibition alone did not relieve the nursing home of its reasonability to assure the resident was free from abuse. The nursing home must provide ongoing oversight and supervision of staff in order to assure that its policies were implemented as written; (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Identification section in part. All staff were to monitor residents and would know how to identify potential signs and symptoms of abuse. Occurrences, patterns and trends that might constitute abuse would be investigated. All staff would receive education about how to identify signs and symptoms of abuse. Residents would be monitored for possible signs of abuse. Because some cases of abuse were not directly observed, understanding resident outcomes of abuse could assist in identifying whether abuse was occurring or had occurred; - It was the policy of the facility that the residents would be protected from the alleged offender. Immediately upon receipt of a report of alleged abuse, the Administrator and or designee would coordinate delivery of appropriate medical and/or psychological care and attention. Ensuring safety and support to the resident, their roommate, if applicable and other residents with the potential to be affected would be provided. Procedures must be in place to provide the resident with a safe, protected environment during the investigation. If the alleged perpetrator was a facility resident, the staff member would immediately remove the perpetrator from the situation and another staff member would stay with alleged perpetrator and wait for further instruction from administration, if possible. Review of the facility's Resident and Tenant Sexual Expression Policy, effective date 10/21/22, showed the following: -The policy applied to residents who exhibit intact decision making capacity, as well as those who exhibit diminished decision making capacity; -Residents who have a Brief Interview for Mental Status (BIMS) score of seven or below will not be allowed to consent; -Any resident that has a guardian and has been deemed incompetent will not be allowed to give consent and it will be up to the individual guardian. 1. Review of Resident #5's care plan, dated 4/29/21, showed the following: -Diagnoses include mood disorder, unspecified dementia with behavioral disturbance, and other sexual disorders; -The resident had a history of wandering, yelling, increased libido (sexual desire), and paranoid delusions about previous staff poisoning him/her; -The resident's family had given consent for the resident to have physical contact with other consenting residents of the opposite sex if their families also consented; -Assess if the resident's behavior endangers others and intervene if necessary; -The resident was limited in ability to maintain grooming and personal hygiene related to dementia and late onset Alzheimer's disease. The resident was independent with all other activities of daily living; -The resident had a memory/recall problem related to dementia and late onset Alzheimer's disease. The resident resided on a secured unit. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the resident's Quarterly MDS, dated [DATE], showed the following: -Diagnosis of dementia; -Cognition was severely impaired (BIMS score of 6); -Physical and verbal behaviors were present four to six days out of seven; -Other behaviors directed towards others (hitting, scratching self, pacing, public sexual acts, disrobing or disruptive sounds) were present one to three days out of seven; -Wandering occurred four to six days out of seven; -Independent with transfers; -Required limited assistance of one staff for walking. Review of the resident's nurse's notes, dated 9/6/22 at 12:59 P.M. showed the resident was present for a care plan meeting with his/her family member. Behavior changes in this quarter include continued delusions and increased sexual arousal. Review of the resident's nurse's notes dated 10/21/22 at 11:44 A.M., showed staff contacted the resident's family to inform him/her that the friendship with another resident had become sexual in nature. The family member said he/she was okay with the resident having sexual relations, really whatever made the resident happy and did not hurt anyone else. The other resident would be moved to another hall to prevent further contact per his/her family's approval. 2. Review of Resident #6's Admission Minimum Data Set (MDS, a federally mandated assessment instrument required to be completed by facility staff), dated 6/17/22, showed the following: -Diagnoses included non-traumatic brain dysfunction, heart disease, cerebral palsy (a group of disorders that affect a person's ability to move and maintain balance and posture), dementia, and seizure disorder; -Cognition was severely impaired (BIMS score of 6); -Independent with transfers and walking; -No behaviors were present. Review of the resident's care plan, dated 6/30/22, showed the following: -The resident had impaired memory related to dementia; -The resident was at risk for wandering/elopement based on observation; -Provide distractive activities to deter the resident from wandering when noted; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The resident would reside on the secure unit to decrease the risk of elopement. Review of the the resident's nurses notes, dated 7/26/22 at 1:59 P.M., showed staff observed this resident in bed with another resident. Both residents were fully clothed. Staff prompted the residents to go to the dining room and they sat next to one another without any physical contact. Staff called the resident's guardian. Staff will discourage physical contact and monitor. The other resident was a consenting person as well with dementia. Review of the resident's nurse's notes, dated 8/30/22 at 1:27 P.M., showed staff placed a call to the resident's guardian to discuss the resident's current behaviors with another resident of the opposite gender. In the past the guardian said he/she did not want the resident to have sexual relations with another resident. A voicemail was left for the guardian. Review of the resident's nurse's notes showed the following: -On 9/26/22 at 11:21 A.M. the resident's family was present for a care plan meeting. The resident's guardian made it known he/she did not want the resident to have sexual relations with other residents; -On 10/21/22 at 1:30 P.M. staff called the guardian to inform him/her that the relationship the resident had with another resident may have escalated to the level of sexual relations. The guardian was aware of the relationship and that the other resident was the persuader. Staff had been separating the residents when inappropriate. The physician was notified and as Resident #6's elopement risk was low, he/she may do well off the unit; -On 10/21/22 at 3:28 P.M. the resident's guardian called back and approved Resident #6's room move (off the unit). During an interview on 10/27/22 at 12:06 P.M. and 3:49 P.M. the resident's guardian said he/she had been contacted prior to the incident on 10/19/22 about the resident and another resident kissing and hugging. The guardian had previously found Resident #5 sleeping in Resident #6's bed when he/she came to visit. The guardian had made it clear to staff several times he/she did not want Resident #6 involved physically with anyone. The guardian was notified about the incident on 10/19/22 and was told Resident #5 was naked in Resident #6's bed and Resident #5 was the aggressor. The guardian was not happy about this at all. Resident #6 probably had no idea what happened and was just going with the flow. The guardian spoke to Resident #6 daily. Resident #6 did tell the guardian he/she had a girlfriend/boyfriend but could not remember his/her name. Resident #6 did not recall anything happening. The guardian did not feel this incident had any negative effect on Resident #6. Resident #6 was cognitively impaired and the family member had cared for Resident #6 throughout his/her life. Resident #6 was never married and had never been sexually active that the guardian knew of. During an interview on 10/27/22 at 9:35 A.M., Certified Nurse Aide (CNA) E said he/she worked on the secured unit regularly. CNA E had seen Resident #5 and Resident #6 together in Resident #6's room before, touching romantically. That had been going on for months. CNA E would separate the residents whenever he/she saw this. Resident #6's family did not want him/her involved with any resident sexually. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/27/22 at 9:42 A.M., CNA F said he/she had seen Resident #5 and Resident #6 touching one another romantically. Resident #5 would put his/her hands all over Resident #6. If staff tried to separate them Resident #5 would get upset. CNA F had not received any direction to keep Resident #5 and Resident #6 apart. Review of the written statement obtained by the facility from Nurse Aide (NA) D, dated 10/24/22, showed the following: -On Wednesday morning (10/19/22) when NA D came on shift, the staff who worked the night before told NA D Resident #5 and Resident #6 were up all night having intercourse; -NA D asked the aide if he/she tried to stop them and the aide said no because the nurse that worked that night said to go ahead and let them do whatever. During an interview on 10/27/22 at 12:22 P.M., NA D said on 10/19/22 he/she arrived for work at 6:00 A.M. CMT B gave NA D report from the shift prior and said Resident #5 and Resident #6 were up all night having sex in Resident #6's room. NA D asked if CMT B had stopped it and CMT B said no because he/she was the only aide on the unit and he/she didn't have time. CMT B said he/she told Registered Nurse (RN) A who said to let them do it. NA B was aware Resident #6's family did not want him/her having sex. Resident #5 had been pursuing Resident #6 since he/she was admitted . Resident #5 followed Resident #6 around like a lost puppy and would get very agitated when staff tried to separate them. NA D had previously seen Resident #5 touch Resident #6's groin over his/her clothing in the dining room. Review of an undated statement obtained by the facility from Certified Medication Technician (CMT) B showed the following: -Resident #5 and Resident #6 were being intimate with one another in Resident #6's bed; -CMT B had been checking on the residents every hour and each time Resident #5 was in Resident #6's bed without any clothes on; -CMT B told the residents it was inappropriate and to respect Resident #6's roommate; -CMT B separated the residents each time; -At 12:00 A.M. CMT B told Resident #5 to go to his/her room but he/she refused. Resident #6 told Resident #5 to leave and he/she did so; -At 1:00 A.M. Resident #5 and Resident #6 laid in bed kissing. CMT B told Resident #5 to go back to his/her room. Resident #5 refused and said he/she wasn't going anywhere; -CMT B left Resident #5 and Resident #6 where they were to go check the other residents; -At 2:00 A.M. CMT B found Resident #5 did not have any clothes on and Resident #6 was on top of him/her moving his/her hips with nothing on but underwear; -CMT B separated the residents and Resident #5 became aggressive and refused to leave; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Resident #6 told Resident #5 to put his/her clothes on and go to his/her room but Resident #5 refused to leave; -At 3:00 A.M. both Resident #5 and Resident #6 were fully naked and were having intercourse; -This time CMT B broke it up and notified Registered Nurse (RN) A; -RN A instructed CMT B to keep the residents apart. This was difficult as Resident #5 was the aggressor and kept hopping into bed with Resident #6; -CMT B sat in front of Resident #5's room until the end of the shift at 6:30 A.M. During an interview on 10/27/22 at 1:33 P.M., CMT B said the following: -He/She worked the special care unit the night of 10/18/22 and the early morning of 10/19/22; -CMT B completed hourly rounds; -At 12:00 A.M. Resident #5 lay with Resident #6 in Resident #6's bed. They were both dressed at that point. CMT B told Resident #5 to go to his/her room, which Resident #5 did; -At 1:00 A.M. Resident #5 was in Resident #6's bed with Resident #6. Resident #5 was naked and Resident #6 was wearing underwear. The residents were kissing; -CMT B again told Resident #5 to go to his/her room but Resident #5 refused to leave and was aggressive; -Since they weren't actually having sex at that point, CMT B left the residents because CMT B was not going to fight with Resident #5 about it; -At 2:00 A.M. Resident #5 was naked in Resident #6's bed. Resident #6 was on top of Resident #5 and was moving his/her hips. Resident #6's underwear were pulled down and Resident #5 and Resident #6 were having sex; -CMT B did try to separate the residents this time. Resident #6 was cooperative but Resident #5 was very aggressive; -CMT B was able to get Resident #5 out of Resident #6's room; -CMT B had to sit in a chair outside of Resident #5's room for the rest of the shift to prevent him/her from returning to Resident #6's room; -CMT B did let the charge nurse, RN A, know at approximately 1:30 A.M. that he/she could not keep the residents apart. RN A told CMT B to keep the residents separated and CMT B did the best he/she could; -RN A did come back to the unit after the residents had sex but CMT B did not see RN A assess either resident and was unsure if RN A did so; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-CMT B denied that RN A ever told him/her to just let the residents have sex; -CMT B did tell the oncoming aide what had happened. Review of the written statement obtained by the facility from Licensed Practical Nurse (LPN) C, dated 10/24/22, showed the following: -The aide from night shift came and told the night shift nurse that Resident #5 and Resident #6 were having sex all night; -The night shift nurse told the aide that was their right and staff needed to allow them to do so; -LPN C informed the administrator and Social Service Director (SSD); -LPN C informed the day and evening shift aides to keep the residents away from each other. During an interview on 10/27/22 at 11:25 A.M. LPN C said the following: -On 10/19/22, LPN C received report from the off going nurse, RN A; -CMT B came and told RN A that Resident #5 and Resident #6 were having sex all night; -RN A said we have to let them do it because that is their right; -LPN C told the administrator that morning and told the day and evening shift aide to keep Resident #5 and Resident #6 separated; -Resident #5 was sweet on Resident #6. Resident #6's family did not want him/her in a sexual relationship, which was documented. Review of the written statement obtained by the facility from RN A, dated 10/26/22, showed the following: -The aide came to get signed out at the end of his/her shift and said he/she found two residents in bed together; -The aide went on to say he/she thought they were having sex; -The aide said he/she told the residents to go to their own beds. During an interview on 10/27/22 at 3:00 P.M., the SSD said Resident #5 and Resident #6 had been holding hands and kissing on the cheek. The SSD reached out to Resident #6's guardian who said that was fine but he/she didn't want it going any further than that. The SSD suggested moving Resident #6 off the unit but his/her guardian did not want to do so at that time because the unit was a smaller, quieter environment for the resident. The facility reviewed the resident's cognitive status, which was severely cognitively impaired and meant the resident could not consent to sexual activity. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the written statement obtained by the facility from the internal Quality Assurance (QA) RN, dated 10/21/22, showed the following: -On 10/21/22 the QA RN overheard staff discussing residents on the unit having sex; -The QA RN was told that LPN C told them Resident #5 and Resident #6 were having sex; -The aide reported this to the charge nurse RN A who told the aide to leave them alone; -The QA RN called CMT B who said Resident #5 and Resident #6 were in bed together. Resident #6 was on top of Resident #5 and Resident #5 did not have any pants on. Resident #6 only had on underwear and the two residents were having sex; -CMT B said told RN A about this and RN A told CMT B to keep the residents separated; -CMT B said Resident #6 was cooperative but Resident #5 was aggressive; -The incident was reported to the administrator and the Director of Nursing (DON). During an interview on 10/27/22 at 11:43 A.M., the administrator said he and LPN C spoke about the incident regarding Resident #5 and Resident #6 on 10/19/22. The administrator thought LPN C told him the residents were trying to have sex. The administrator told staff to keep them apart and to call their guardians. The administrator was off work on 10/21/22. The QA RN was in the facility and heard staff discussing the incident and obtained more information which showed the residents did have intercourse. Resident #6 was moved off the unit on 10/21/22. Resident #6's guardian did not want him/her having sex. The facility used the cognition assessment of the MDS (BIMS score) and included the family or guardian when determining the ability to consent to sexual activity. Both Resident #5 and Resident #6 were cognitively impaired and unable to give consent. Resident #5's family did not care if he/she was involved in sexual activity. MO208775

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36219 Based on interview and record review the facility failed to report to the state survey agency a known incident of resident to resident sexual abuse within two hours of the alleged sexual abuse allegation as required, when staff witnessed two severely cognitively impaired residents (Resident #5 and #6) engaged in sexual intercourse. The incident occurred on the early morning of 10/19/22 and was reported to the charge nurse and the administrator. The incident was not reported to the state agency until 10/21/22. A sample of 12 residents was selected for review. The facility census was 84. Review of the facility undated facility policy, titled Abuse Prohibition Protocol Manual showed the following: -It was the policy of the facility that each resident would be free from abuse. Abuse could include verbal, mental, sexual, or physical abuse, misappropriation of resident property and exploitation, corporal punishment or involuntary seclusion. No abuse or harm of any type would be tolerated and residents and staff would be monitored for protection. The facility would strive to educate staff and other applicable individuals in techniques to protect all parties; -The nursing home administrator or designee would report abuse to the state agency per State and Federal requirements; -All allegations of abuse, neglect, exploitation, mistreatment, injuries of unknown sources and misappropriation of resident property by facility employees, contract employees, volunteers, contract services, consultants, physicians, visitors, family members or other individuals would be reported immediately but no later than the following time frames. If abuse was alleged or the allegation resulted in serious bodily injury, the allegation must be reported within two hours after the allegation was made. If the allegation did not allege abuse or result in serious bodily injury, the report must be made within 24 hours after the allegation was made; -All employees of the facility were mandated reporters; -Allegations involving a sexual event (even if the event that caused the reasonable suspicion did not result in serious bodily injury) must be considered as serious bodily injury and reported to law enforcement agency and the State Survey Agency- Immediately; -Reporting and Response section, in part, internal reporting procedure. Employees must always report any abuse or suspicion of abuse immediately to the Administrator, if Administrator was not there, report to the Director on Nursing or your immediate supervisor and they would report to the Administrator. NOTE: Failure to report could make employee just as responsible for the abuse in accordance with State Law. The Administrator or designee would inform the resident or resident's representative of the report of an incident and that an investigation was being conducted; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-An attached Memo, dated effective 11/28/16, per regulation, the administrator or designee must report to the State Survey agency no later than two hours after the allegation is made if the event that caused the allegation involved abuse or resulted in serious bodily injury, or no later than 24 hours if the event that caused the allegation did not involve abuse and did not result in serious bodily injury; -The facility will ensure that all reports are made within two hours (abuse or serious bodily injury) or 24 hours (non-abuse). The two hour time frame must be met even during the night shift or during the weekend. You may use the After hours/weekend self-report form to fax in a report to meet the time frames. A follow up call must take place as soon as the hotline or regional office is available to take the report. 1. Review of Resident #5's care plan, dated 4/29/21, showed the following: -Diagnoses included mood disorder, unspecified dementia with behavioral disturbance, and other sexual disorders; -The resident had a history of wandering, yelling, increased libido, paranoid delusions about previous staff poisoning him/her; -The resident's family had given consent for the resident to have physical contact with other consenting residents of the opposite sex if their families also consent; -Assess if the resident's behavior endangers others and intervene if necessary; -The resident was limited in ability to maintain grooming and personal hygiene related to dementia and late onset Alzheimer's disease. The resident was independent with all other activities of daily living; -The resident had a memory/recall problem related to dementia and late onset Alzheimer's disease. The resident resided on a secured unit. Review of Resident #5's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument required to be completed by facility staff, dated 8/30/22, showed staff assessed the resident as: -Diagnosis of dementia; -Cognition was severely impaired (BIMS score of 6); -Physical and verbal behaviors were present four to six days out of seven; Other behaviors directed towards others (hitting, scratching self, pacing, public sexual acts, disrobing or disruptive sounds) were present one to three days out of seven; -Wandering occurred four to six days out of seven; -Independent with transfers; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Required limited assistance of one staff for walking. Review of Resident #6's Admission MDS dated [DATE], showed the following: -Diagnoses included non-traumatic brain dysfunction, heart disease, cerebral palsy, dementia, and seizure disorder; -Cognition was severely impaired (BIMS score of 6); -Independent with transfers and walking; -No behaviors were present. Review of Resident #6's care plan, dated 6/30/22, showed the following: -The resident required supervision with bathing and hygiene but was otherwise independent with activities of daily living; -The resident had impaired memory related to dementia; -The resident was at risk for wandering/elopement based on observation; -Provide distractive activities to deter the resident from wandering when noted; -The resident would reside on the secure unit to decrease the risk of elopement. Review of Resident #6's nurse's notes showed the following: -On 8/30/22 at 1:27 P.M. staff placed a call to the resident's guardian to discuss the resident's current behaviors with another resident of the opposite gender. In the past the guardian had stated he/she did not want the resident to have sexual relations with another resident. A voicemail was left for the guardian; -On 9/26/22 at 11:21 A.M. the resident's family was present for a care plan meeting. The resident's guardian made it known he/she did not want the resident to have sexual relations with other residents. Review of Resident #5's nurse's notes showed the following: -On 10/21/22 at 11:44 A.M. staff contacted the resident's family to inform him/her that the friendship with another resident had become sexual in nature. The family stated he/she was okay with the resident having sexual relations, really whatever made the resident happy and did not hurt anyone else. The other resident would be moved to another hall to prevent further contact per his/her family's approval. Review of Resident #6's nurse's notes showed the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-On 10/21/22 at 1:30 P.M. staff called the guardian to inform him/her that the relationship the resident had with another resident may have escalated to the level of sexual relations. The guardian was aware of the relationship and that the other resident was the persuader. Staff had been separating the residents when inappropriate. During an interview on 10/27/22 at 11:43 A.M., the administrator said he and licensed practical nurse (LPN) C spoke about the incident regarding Resident #5 and Resident #6 on the morning of 10/19/22. The administrator thought LPN C told him the residents were trying to have sex. The administrator told staff to keep them apart and to call their guardians. The administrator was off work on 10/21/22. The quality assurance registered nurse (RN) was in the facility and heard staff discussing the incident and obtained more information which revealed the residents did have intercourse. The administrator would have expected RN A to inform him about the sexual activity between the residents on 10/19/22 so he/she could have reported the incident to the state and taken action at that time. MO208775

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36219 Based on interview and record review, the facility failed to promptly begin and complete a thorough investigation as the facility policy directed for an allegation of sexual abuse between two residents (Resident #5 and #6), who were cognitively impaired and unable to consent to sexual activity. The incident occurred during the early morning of 10/19/22. The charge nurse and administrator were notified. No action was taken and an investigation of the allegation was not started until 10/21/22. A sample of 12 residents was selected for review. The facility census was 84. Review of the facility undated facility policy, titled Abuse Prohibition Protocol Manual showed the following: -It was the policy of the facility that each resident would be free from abuse. Abuse could include verbal, mental, sexual, or physical abuse, misappropriation of resident property and exploitation, corporal punishment or involuntary seclusion. The resident would also be free from physical or chemical restraints imposed for purposes of discipline or convenience and that were not required to treat the resident's medical symptoms. Additionally, resident would be protected from abuse, neglect and harm while they were residing at the facility. No abuse or harm of any type would be tolerated and residents and staff would be monitored for protection. The facility would strive to educate staff and other applicable individuals in techniques to protect all parties; -The objective of the abuse policy was to comply with the seven-step approach to abuse and neglect detection and prevention. The seven components were reporting and response, screening, training, prevention, identification, investigation and protection; -All employees who had been alleged to commit abuse would be suspended immediately pending investigation. Accused residents would be isolated and monitored; -The administrator or designee would inform the resident or resident's representative of the report of an incident and that an investigation was being conducted; -All staff were to monitor residents and would know how to identify potential signs and symptoms of abuse. Occurrences, patterns and trends that night constitute abuse would be investigated. Procedures must be in place to provide the resident with a safe, protected environment during the investigation. -Investigation section in part. It was the policy of the facility that reports of abuse were promptly and thoroughly investigated. The designated facility personnel would begin the investigation immediately. A root cause investigation and analysis would be completed. Review of the facility's Abuse Prohibition Protocol Manual showed the following for Section 7, Investigation: -The investigation is the process used to try and determine what happened. The designated facility personnel will begin the investigation immediately. A root cause investigation and analysis will be completed, The information gathered will be given to the administration; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-When an incident or suspected incident of abuse is reported, the Administrator or designee will investigate the incident with the assistance of appropriate personnel. The investigation will include: who was involved, resident statements, resident's roommates statements, interviews obtained from three to four residents who received care from the alleged staff, interviews obtained from three to four different department staff, involved witness statements of events, a description of the resident's behavior and environment at the time of the incident, injuries present including an assessment, observation of the resident and staff behaviors during the investigation; -All staff must cooperate during the investigation to assure the resident is fully protected; -The results of the investigation will be recorded and attached to the report. 1. Review of Resident #5's care plan, dated 4/29/21, showed the following: -Diagnoses included mood disorder, unspecified dementia with behavioral disturbance, and other sexual disorders; -The resident had a history of wandering, yelling, increased libido, paranoid delusions about previous staff poisoning him/her; -The resident's family had given consent for the resident to have physical contact with other consenting residents of the opposite sex if their families also consent; -Assess if the resident's behavior endangers others and intervene if necessary; -The resident was limited in ability to maintain grooming and personal hygiene related to dementia and late onset Alzheimer's disease. The resident was independent with all other activities of daily living; -The resident had a memory/recall problem related to dementia and late onset Alzheimer's disease. The resident resided on a secured unit. Review of Resident #5's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument required to be completed by facility staff, dated 8/30/22, showed staff assessed the resident as: -Diagnosis of dementia; -Cognition was severely impaired (BIMS score of 6); -Physical and verbal behaviors were present four to six days out of seven; Other behaviors directed towards others (hitting, scratching self, pacing, public sexual acts, disrobing or disruptive sounds) were present one to three days out of seven; -Wandering occurred four to six days out of seven; -Independent with transfers; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Required limited assistance of one staff for walking. Review of Resident #6's Admission MDS dated [DATE], showed staff assessed the resident as: -Diagnoses included non-traumatic brain dysfunction, heart disease, cerebral palsy, dementia, and seizure disorder; -Cognition was severely impaired (BIMS score of 6); -Independent with transfers and walking; -No behaviors were present. Review of Resident #6's care plan, dated 6/30/22, showed the following: -The resident required supervision with bathing and hygiene but was otherwise independent with activities of daily living; -The resident had impaired memory related to dementia; -The resident was at risk for wandering/elopement based on observation; -Provide distractive activities to deter the resident from wandering when noted; -The resident would reside on the secure unit to decrease the risk of elopement. Review of Resident #6's nurse's notes showed the following: -On 8/30/22 at 1:27 P.M. staff placed a call to the resident's guardian to discuss the resident's current behaviors with another resident of the opposite gender. In the past the guardian had stated he/she did not want the resident to have sexual relations with another resident. A voicemail was left for the guardian; -On 9/26/22 at 11:21 A.M. the resident's family was present for a care plan meeting. The resident's guardian made it known he/she did not want the resident to have sexual relations with other residents. Review of Resident #5's nurse's notes showed the following: -On 10/21/22 at 11:44 A.M. staff contacted the resident's family to inform him/her that the friendship with another resident had become sexual in nature. The family stated he/she was okay with the resident having sexual relations, really whatever made the resident happy and did not hurt anyone else. The other resident would be moved to another hall to prevent further contact per his/her family's approval. Review of Resident #6's nurse's notes showed the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-On 10/21/22 at 1:30 P.M. staff called the guardian to inform him/her that the relationship the resident had with another resident may have escalated to the level of sexual relations. The guardian was aware of the relationship and that the other resident was the persuader. Staff had been separating the residents when inappropriate. Review of Resident #6's care plan, updated 10/21/22, showed the following: -The resident's guardian did not want him/her having sexual relations with any resident. The resident's cognition was severely impaired and he/she was unable to give consent and the resident had a guardian; -If a resident (of the opposite gender) attempted to get the resident to go to the room with them staff should redirect both residents; -If the resident got too close to another resident (of the opposite gender) staff should redirect the resident to something else. Review of the written statement obtained by the facility from Nurse Aide (NA) D, dated 10/24/22, showed the following: -On Wednesday morning (10/19/22) when NA D came on shift, the staff who worked the night before told NA D Resident #5 and Resident #6 were up all night having intercourse; -NA D asked the aide if he/she tried to stop them and the aide said no because the nurse that worked that night said to go ahead and let them do whatever. Review of the undated statement obtained by the facility from Certified Medication Technician (CMT) B showed the following: -Resident #5 and Resident #6 were being intimate with one another in Resident #6's bed; -CMT B had been checking on the resident's every hour and each time Resident #5 was in Resident #6's bed without any clothes on; -CMT B told the residents it was inappropriate and to respect Resident #6's roommate; -CMT B separated the residents each time; -At 12:00 A.M. CMT B told Resident #5 to go to his/her room but he/she refused, but Resident #6 told Resident #5 to leave and he/she did so; -At 1:00 A.M. Resident #5 and Resident #6 laid in bed tongue kissing. CMT B told Resident #5 to go back to his/her room. Resident #5 refused and said he/she wasn't going anywhere; -CMT B left Resident #5 and Resident #6 where they were to go check the other residents; -At 2:00 A.M. CMT B found Resident #5 did not have any clothes on and Resident #6 was on top of him/her moving his/her hips with nothing on but underwear; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-CMT B separated the residents and Resident #5 became aggressive and refused to leave; -Resident #6 told Resident #5 to put his/her clothes on and go to his/her room but Resident #5 refused to leave; -At 3:00 A.M. both Resident #5 and Resident #6 were fully naked and were having intercourse and tongue kissing; -This time CMT B broke it up and notified Registered Nurse (RN) A; -RN A instructed CMT B to keep the residents apart. This was difficult as Resident #5 was the aggressor and kept hopping into bed with Resident #6; -CMT B sat in front of Resident #5's room until the end of the shift at 6:30 A.M. During an interview on 10/27/22 at 1:33 P.M. CMT B said the following: -He/She worked the special care unit the night of 10/18/22 and the early morning of 10/19/22; -CMT B completed hourly rounds; -At 12:00 A.M. Resident #5 was laying with Resident #6 in Resident #6's bed. They were both dressed at that point. CMT B told Resident #5 to go to his/her room, which Resident #5 did; -At 1:00 A.M. Resident #5 was in Resident #6's bed with Resident #6. Resident #5 was naked and Resident #6 was wearing underwear. The residents were kissing; -CMT B again told Resident #5 to go to his/her room but Resident #5 refused to leave and was aggressive; -Since they weren't actually having sex at that point, CMT B left the residents be because CMT B was not going to fight with Resident #5 about it; -At 2:00 A.M. Resident #5 was naked in Resident #6's bed. Resident #6 was on top of Resident #5 and was moving his/her hips. Resident #6's underwear were pulled down and Resident #5 and Resident #6 were having sex; -CMT B did try to separate the residents this time. Resident #6 was cooperative but Resident #5 was very aggressive; -CMT B was able to get Resident #5 out of Resident #6's room; -CMT B had to sit in a chair outside of Resident #5's room for the rest of the sift to prevent him/her from returning to Resident #6's room; -CMT B did let the charge nurse, RN A, know about 1:30 A.M. he/she could not keep the residents apart. RN A told CMT B to keep the residents separated and CMT B did the best he/she could; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-RN A did come back to the unit after the residents had sex but CMT B did not see RN A assess either resident and was unsure if RN A did so; -CMT B did tell the oncoming aide what had happened. Review of the written statement obtained by the facility from Licensed Practical Nurse (LPN) C, dated 10/24/22, showed the following: -The aide from night shift came and told the night shift nurse that Resident #5 and Resident #6 were having sex all night; -The night shift nurse told the aide that was their right and staff needed to allow them to do so; -LPN C informed the administrator and Social Service Director (SSD); -LPN C informed the day and evening shift aides to keep the residents away from each other. During an interview on 10/27/22 at 11:25 A.M. LPN C said the following: -On 10/19/22 LPN C received report from the off going nurse, RN A; -CMT B came and told RN A that Resident #5 and Resident #6 were having sex all night; -RN A said we have to let them do it because that is their right; -LPN C told the administrator that morning and told the day and evening shift aide to keep Resident #5 and Resident #6 separated; -Resident #5 was sweet on Resident #6. Resident #6's family did not want him/her in a sexual relationship, which was documented. Review of the written statement obtained by the facility from RN A dated 10/26/22, showed the following: -The aide came to get signed out at the end of his/her shift and stated he/she found two residents laying in bed together; -The aide went on to say he/she thought they were having sex; -The aide said he/she told the residents to go to their own beds. Review of the written statement obtained by the facility from the Internal Quality Assurance (QA) Registered Nurse (RN), dated 10/21/22, showed the following: -On 10/21/22 the QA RN overheard staff discussing residents on the unit having sex; -The QA RN was told that LPN C told them Resident #5 and Resident #6 were having sex; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The aide reported this to the charge nurse RN A who told the aide to leave them alone; -The QA RN called CMT B who said Resident #5 and Resident #6 were in bed together. Resident #6 was on top of Resident #5 and Resident #5 did not have any pants on. Resident #6 only had on underwear and the two residents were having sex; -CMT B said told RN A about this and RN A told CMT B to keep the residents separated; -The incident was reported to the administrator and the Director of Nursing (DON). During an interview on 10/27/22 at 11:43 A.M., the administrator said he and LPN C spoke about the incident regarding Resident #5 and Resident #6 on the morning of 10/19/22. The administrator thought LPN C told him the residents were trying to have sex. The administrator told staff to keep them apart and to call their guardians. The administrator was off work on 10/21/22. The QA RN was in the facility and heard staff discussing the incident and obtained more information which revealed the residents did have intercourse. Resident #6 was moved off the unit on 10/21/22. Resident #6's guardian did not want him/her having sex. Both Resident #5 and Resident #6 were cognitively impaired and unable to give consent. Resident #5's family did not care if he/she was involved in sexual activity. The administrator would have expected RN A to inform him about the sexual activity between the residents on 10/19/22 so he/she could have reported the incident and taken action at that time. MO208775

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36219 Based on observation, interview and record review, the facility failed to ensure four residents (Resident #5, #6, #10, and #12), in a review of 12 sampled residents, who required assistance with activities of daily living (ADLs), received the necessary care and services to maintain good grooming and personal hygiene. The facility census was 84. Review of the undated facility policy Bath (Shower) showed the purpose was to maintain skin integrity, comfort and cleanliness. Review of the undated facility policy Nails, Care of (Fingers and Toes), showed the following: Purpose: To provide cleanliness, comfort, prevent spread of infection; NOTE: The nursing assistants may perform nail care on the residents who are not at risk for complications of infection. The licensed nurse or podiatrist must perform nail care on residents suffering from diabetes or vascular disease. 1. Review of Resident #12's annual Minimum Data Set (MDS), a federally mandated assessment instrument, dated 10/13/22 showed the following: -Cognitively intact; -No rejection of care; -Totally dependent on two or more staff for transfers; -Required limited assist of two or more staff for bed mobility; -Required limited assist of one for personal hygiene; -Required extensive assist of one for bathing; -Diagnoses of diabetes, stroke and anxiety; -Weight 338 pounds. Review of the resident's shower sheets from 9/1/22 to 10/27/22 showed the following: -Staff documented the resident received a bed bath and washed his/her hair on 9/3/22, 9/7/22 and 9/10/22; -Staff documented the resident received a bed bath on 9/15/22, 9/20/22, 9/24/22 and 9/28/22 (no documentation staff washed the resident's hair); -Staff documented the resident received a shower and washed his/her hair on 9/30/22; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Staff documented the resident received a bed bath on 10/5/22 and 10/21/22 (no documentation staff washed the resident's hair); -There was no documentation staff washed the resident's hair from 9/30/22 to 10/27/22 (26 days); -There was no documentation the resident received a bed bath or shower from 10/5/22 to 10/21/22 (16 days). Review of the resident's care plan revised 10/21/22 did not address the resident's ADL care needs. Observation on 10/27/22 at 9:38 A.M. in the resident's room showed the following: -The resident lay in bed; -His/Her hair was long and greasy; -The resident had body odor. Observation on 10/27/22 at 12:54 P.M. in the resident's room showed the following: -The resident lay in bed; -His/Her hair was long and greasy; -The resident had body odor. During interview on 10/27/22 at 9:38 A.M. and 2:35 P.M. the resident said the following: -He/She doesn't get out of bed a lot; -He/She gets bed baths a couple of times a week; -He/She would prefer to take a shower; -Staff don't wash his/her hair when doing his/her bed bath; -It's been a long time since he/she has had his/her hair washed; -He/She would like to have his/her hair washed; -He/She has not refused to take a shower. During interview on 10/27/22 at 9:37 A.M., Resident #11 (Resident #12's roommate) said the following: -His/Her roommate stinks; -His/Her roommate does not get showers. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. Review of Resident #10's quarterly MDS, dated [DATE], showed the following: -Cognitively intact; -No rejection of care; -Required limited assist of one for personal hygiene; -Diagnoses of anxiety and depression. Review of the resident's care plan revised 9/14/22 showed the following: -Self-care deficit in ADLs related to progression of physical decline/weakness; -Resident will have his/her basic daily needs met as evidenced by being appropriately groomed, clean, appropriately dressing for situation, proper hygiene including facial, oral, hair, nails; -Encourage resident to assist caregivers during completion of daily ADL tasks. Observation on 10/27/22 at 9:21 A.M. in the resident's room showed the following: -The resident sat in his/her recliner; -The resident was dressed in a T-shirt and underwear; -The resident's hair was disheveled and greasy; -The resident's fingernails were long with brown debris under them; -The resident's arms were covered with white, scaly skin; -White flecks covered the resident's T-shirt. Observation on 10/27/22 at 12:52 P.M. in the resident's room showed the following: -The resident sat in his/her bed; -The resident was dressed in a T-shirt and underwear; -The resident's hair was disheveled and greasy; -The resident's fingernails were long with brown debris under them; -The resident's arms were covered with white scaly skin. During interview on 10/27/22 at 9:33 A.M. the resident said the following: -Staff do not trim his/her fingernails in the shower; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She is due to get his/her nails trimmed and cleaned. 3. Review of Resident #5's care plan, dated 5/29/20, showed the following: -The resident was limited in the ability to maintain grooming and personal hygiene related to dementia and late onset Alzheimer's disease; -Allow sufficient time to complete grooming and personal hygiene. Review of the resident's care plan, dated 5/29/20, did not describe the amount of assistance required for bathing or the frequency of bathing. Review of the resident's quarterly MDS dated [DATE] showed the following: -Severe cognitive impairment; -Has delusions and hallucinations; -Rejection of care 1-3 days of the last 7 days; -Independent with transfers with set-up help only; -Limited assist of one for walking; -Totally dependent on one staff member for personal hygiene; -Extensive assist of one for bathing; -Occasionally incontinent of urine and stool; -Diagnosis of dementia. Review of the resident's shower sheets dated 9/1/22 through 10/27/22 showed the following: -Staff documented the resident received a shower on 9/10/22, 9/15/22, 9/21/22, 9/24/22, 9/28/22 and 9/30/22; -Staff documented the resident received a shower on 10/5/22, 10/8/22, 10/12/22 and 10/21/22; -There was no documentation the resident received a shower from 9/1/22 to 9/10/22 (8 days); -There was no documentation the resident received a shower from 10/12/22 to 10/21/22 (9 days). Observation on 10/27/22 at 9:35 A.M. showed the resident lay in bed. The resident's hair appeared greasy and uncombed. Observation of the resident on 10/27/22 at 12:54 P.M. showed the resident sat in the common area of the unit. The resident's hair appeared greasy. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. Review of Resident #6's admission MDS dated [DATE] showed the following: -Severe cognitive impairment; -No rejection of care; -Independent with transfers; -Required supervision of one staff for bathing; -Diagnoses of cerebral palsy, dementia and seizure disorder. Review of the resident's care plan, dated 6/30/22, showed the following: -The resident required supervision and assistance with bathing and personal hygiene; Encourage the resident to participate in activities of daily living to the best of his/her ability. Review of the resident's care plan, dated 6/30/22, did not describe the amount of assistance required for bathing or the frequency of bathing. Review of the resident's quarterly MDS dated [DATE] showed the following: -Severe cognitive impairment; -No rejection of care; -Independent with transfers; -Required supervision of one staff for bathing. Review of the resident's shower sheets dated 9/1/22 through 10/27/22 showed the following: -Staff documented the resident received a shower on 9/6/22, 9/16/22, 9/20/22, 9/23/22, 9/27/22 and 9/30/22; -Staff documented the resident received a shower on 10/11/22, 10/13/22, 10/16/22 and 10/21/22; -There was no documentation the resident received a shower from 9/6/22 to 9/16/22 (9 days); -There was no documentation the resident received a shower from 9/30/22 to 10/11/22 (11 days); -There was no documentation the resident received a shower from 10/21/22 to 10/27/22 (5 days). Observation on 10/27/22 at 3:02 P.M. in the hallway showed the following: -The resident walked down the hallway; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-His/her face was covered with stubble; -His/her hair was disheveled and greasy. 5. During interview on 10/27/22 at 12:57 P.M. Certified Nurse Aide (CNA) G said the following: -He/she doesn't know who is responsible for trimming/cleaning resident nails, he/she works for agency; -No one has asked him/her to trim their nails; -Maybe nails are trimmed and cleaned in the shower. During interview on 10/27/22 at 1:02 P.M. CNA H said the following: -He/She doesn't trim nails unless the nurse says to trim the resident's nails; -CNAs can't trim diabetic residents' nails; -Residents' hair should be washed with bed baths as well as showers. During an interview on 10/27/22 at 9:42 A.M. CNA F said he/she worked day shift and had worked on the special care unit. The aides on the unit completed the showers for residents on the unit. It was challenging to get the showers completed when two aides were assigned to the unit. Sometimes there was only one aide working the unit and it was impossible to get the showers completed for residents with only one aide. During interview on 10/27/22 at 3:08 P.M. Licensed Practical Nurse (LPN) C said the following: -CNA staff is responsible for trimming/cleaning nails, showers, shaving and hair washing; -Resident #10 and Resident #12 do not refuse care; -Resident #12 is very hard to provide care to due to his/her size, staff have to find someone to assist with his/her cares; -Resident #12 will use the urinal but due to his/her size can't get the urinal between his/her legs and ends up spilling urine on him/herself; -Sometimes there is a shower aide and sometimes CNA staff working the floor are responsible for giving showers; -They don't always have enough staff to give showers; -He/She would expect staff to trim/clean nails, shave residents to their preference, give showers and bed baths and wash residents' hair. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 10/27/22 at 4:38 P.M. the administrator said residents should receive two showers a week unless the resident refused. Staff should document a resident's refusal to shower or bathe. The scheduled shower aides were sometimes pulled to work the floor as an aide to cover call-ins. The administrator was not aware there was an issue with residents not receiving two showers a week. MO 208042

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36219 Based on interview and record review, the facility failed to provide one resident (Resident #1) who had a diagnosis of schizophrenia and a history of elopement and exit seeking behaviors with sufficient supervision and monitoring to ensure the resident did not exit the facility without staff knowledge. Staff left the resident's secured unit unattended for approximately 10 minutes, during which time the resident exited the facility through a delayed egress door just before midnight. The resident was not located until he/she called his/her family member over seven hours after leaving the facility. A sample of four residents was selected for review. The facility census was 84. On 10/19/22 at 4:00 P.M. the administrator was notified of the past non-compliance immediate jeopardy (IJ) which occurred on 10/11/22. The facility took disciplinary action with the staff member who left the unit unattended. Facility staff conducted an audit of all residents' elopement risk assessments to ensure they were accurate. The facility began in-servicing all staff on the expectation not to leave the special care unit, or any unit in the facility, unattended, as well as the facility's elopement policy and procedure. The facility continued to in-service staff on 10/13/22 and 10/14/22. The IJ was removed and corrected on 10/14/22. During an interview on 10/19/22 at 1:55 P.M. the administrator said there was no written policy regarding staff not leaving the special care unit unattended. Review of the facility's undated Elopement Procedure Policy showed the following: -When an alarm sounds or a resident is suspected of eloping, alert the charge nurse at the 100-200 nurse's station to page Code White; -Any available administrative staff exit the building to check the perimeter of the building. Search the streets, the church next door, the cottages, the high school, and the neighborhoods across the highway; -The 100-200 charge nurse does a head count on his/her floor and stands by to be alerted of the other nurses' head counts; -The 100 hall Certified Nurse Aide (CNA) and 200 hall CNA complete a head count of all residents on those halls and report the number of residents to the 100-200 unit charge nurse; -The Certified Medication Technician (CMT) or nurse passing medications will check the shower room and copy room, hallway to employee smoke area, and count any residents in those areas. Report the head count to the 100-200 unit charge nurse; -The 300 hall charge nurse will do a head count on the upper 300 hall, check supply room, physical therapy, report the head count to the 100-200 unit charge nurse; -The 300 upper hall CNA checks the beauty shop, activity room, resident smoking area; report the head count to the 100-200 unit charge nurse; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	-The 300 lower hall CNA checks the shower rooms and does a head count for the lower 300 hall; report the head count to the 100-200 unit charge nurse; -The 400 hall (secured unit) CNA checks the unit for residents; report the head count to the 100-200 unit charge nurse. 1. Review of Resident #1's face sheet showed the following: -Original admitted [DATE]; -Diagnoses included anxiety, seizures, altered mental status, schizophrenia, major depressive disorder, and stroke. Review of the resident's elopement risk assessment, dated 8/16/22, showed the resident was not at risk for wandering or elopement. Review of the resident's care plan, dated 8/20/22, showed the following: -The resident had impaired decision making related to schizophrenia; -Calm the resident if signs of distress develop during the decision making process; -Determine if decisions made by the resident endanger the resident or others; -Encourage the resident to verbalize feelings, concerns, and fears, and clarify misconceptions; -Give objective feedback when inappropriate decisions are made; -Set expectations and limits; -Support and reassure the resident in new situations. Review of the resident's nurse's notes showed the following: -On 10/3/22 at 4:00 A.M., the resident left the secured unit by holding the door until it opened and went right out the smoking door, which is just outside the secured unit. Staff was immediately behind the resident, but could not get the resident to come back in. The resident was very confrontational, speaking in a very angry voice. The resident said he/she was sick of this place and was leaving. The resident had a packed backpack with him/her. The resident stated he/she would rather go to the hospital than be in the facility. After about 15 minutes the resident came back to the secured unit and, slammed open the unit door and slammed his/her room door shut; -On 10/3/22 at 6:22 A.M. the resident sat in a recliner and was tearful, stating he/she wanted to go live with his/her significant other in his/her [NAME]. Review of the resident's plan of care, dated 8/20/22, showed facility staff did not update the resident's plan of care or reassess the resident's risk of elopement after the incident on 10/3/22. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of the resident's nurse's notes showed the following: -On 10/11/22 at 1:23 A.M. the Certified Nurse Aide (CNA) came to the nurse and said the resident was not on the secured unit and the end of the hall door alarm was going off. Elopement procedures initiated. Room to room searches and facility grounds being searched. Staff searched properties around the area. The police, administrator, and DON were notified. Information requested by the police was given to them. The resident's family member was notified. Instructed the family member to call the facility if he/she heard from the resident; -On 10/11/22 at 7:40 A.M. the resident was located in the church south of the facility. The family and police were notified. The administrator was with the resident and tried to get him/her to return to the facility. The resident's power of attorney was in route to the site. Review of the facility's undated investigation showed the following: -Elopement on 10/11/22; -The resident exited the building through the 400 hall exit door, setting off the delayed egress door alarm; -The resident went through the courtyard gate and to the church next door and entered the building; -The resident fell asleep until the following morning; -The resident called his/her family. The family member contacted the facility. Facility staff found the resident walking around the school (connected to the church); -The administrator and the staffing coordinator tried to get the resident to return to the facility, but the resident refused; -The administrator sat with the resident until a family member showed up; -The resident refused to return to the facility and called 911; -The police arrived and the resident went to the hospital behavioral unit rather than returning to the facility; -Based on interviews and statements it was established the resident was able to leave the unit because Nurse Aide (NA) L stepped off the unit for just a minute to grab a personal item without notifying the nurse and did not get coverage; -NA L did not get back to the unit to see the resident go out the door but NA L did respond to the alarm; -The resident was able to hide to avoid the initial search outside because of black clothing; -Based on evaluation, it took the resident less than three minutes to get to the far side of the church after initially hiding; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	-The church is normally locked at night, which kept the staff from attempting to check inside; -The resident called his/her family as the church opened and was found as he/she came out of the front of the building; -Search of facility grounds and surrounding areas did not turn up anything, because the resident was inside the church; -Disciplinary action was taken on NA L for not following proper procedure. During an interview on 10/19/22 at 10:27 A.M., Resident #1's family member said the resident had recurrent delusions and could be very convincing. The resident did not want to be in the facility and was transferred to this facility after eloping from the previous facility. The resident was very sneaky and probably waited for his/her opportunity to get out the facility. The resident walked out of the facility and to the church next door where the resident entered through an open door. Facility staff and the resident's family searched for the resident through the night. The resident did have a cell phone with him/her and called a family member the next morning and the resident told the family member where he/she was. By the time family members arrived to the location, police officers and facility staff were already there with the resident. The resident did not want to go back to the facility, but agreed to go to the hospital where the resident remained for a medication adjustment. Review of a written statement from NA L and obtained by the facility showed the following: -NA A completed bed checks around 11:45 P.M. and everyone was in bed; -NA A walked off the unit to grab a charger quickly; -NA A came back to the unit and heard the door alarm go off. NA L pushed the door open and did not see anyone; -NA A texted CNA M to help him/her with the alarm and do a bed count; -NA A and CNA M noticed Resident #1 was gone and notified the nurse; -Staff continued to look for the resident. Review of the written statement from CNA M, dated 10/11/22, obtained by the facility, showed the following: -NA L sent CNA M a text asking if CNA M had a charger; -At 1152 P. MM.,NA AA L sent CNA M a text and said NA L had a charger and he/she was going to run out to his/her car; -At 12:02 A.M. NA L asked CNA M for help because the alarm (door alarm) was going off; -While NA L tried to turn off the alarm, CNA M checked everyone's rooms, beds, and bathrooms and did not find Resident #1; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	-CNA M checked all the rooms, bathrooms, beds, and surrounding areas again; -CNA M then notified NA L and the charge nurse and then proceeded with elopement procedures. During an interview on 10/19/22 at 11:31 A.M., CNA M said NA L sent him/her a text around 11:45 P.M. that said NA L needed a phone charger and NA L was going to his/her car to get the charger. NA L did not ask CNA M to cover for him/her while NA L was of the secured unit. CNA M thought maybe the nurse was covering the unit for NA L. About ten minutes after receiving the text from NA L, CNA M saw NA L entering the facility through the front door. About the same time CNA M heard an alarm sound. NA L went back to the special care unit. About three or four minutes later NA L texted CNA M saying he/she could not get the door alarm turned off. CNA M went to the special care unit and began looking for residents in their rooms while NA L continued to get the door alarm off. CNA M was not sure if NA L had opened the door and searched outside. CNA M told NA L he/she could not locate Resident #1. NA L thought CNA M was joking. CNA M went and told the charge nurse, Registered Nurse (RN) A, and CNA N that Resident #1 was missing. CNA M and CNA N started looking outside for Resident #1. They looked in the courtyard and walked around the building twice. CNA M and CNA N walked to the hospital emergency room , as well as the highway, and the grounds of the church next door to the facility looking for the resident. They did not find the resident by the end of CNA M's shift. Review of the written statement from CNA N, dated 10/11/22, obtained by the facility, showed the following: -At 12:10 A.M. the CNA from the 100 hall (CNA M) came to the nurse station and told RN A that a resident was missing; -CNA N and CNA M went to the memory care unit and searched for the missing resident; -CNA N and CNA M checked every room and then went outside and searched the grounds; -CNA N and CNA M checked the hospital and neighboring grounds; -CNA N came in and rechecked rooms and all areas. During an interview on 10/19/22 at 11:22 A.M., CNA N said he/she was completing midnight rounds on his/her assigned hallway and saw CNA M at the nurse's station, telling the nurse about a missing resident. CNA N immediately went to the special care unit to search for the resident. NA L was on the unit at that time. CNA N searched inside the unit, but did not find Resident #1. CNA N then grabbed his/her coat and searched outside the facility. CNA N then walked over to the church and searched the grounds and the surrounding woods, but did not locate the resident. CNA N said he/she did not think to try and open any of the church doors, because he/she assumed they were locked. CNA N also walked to the hospital and spoke to emergency room staff and gave them a description of the resident. The police were also involved and assisted facility staff in the search for the resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview on 10/19/22 at 12:17 P.M. the administrator said Resident #1 left the facility through a delayed egress door, sometime around midnight, while NA L had left the unit unattended. Resident #1 walked through the facility courtyard and to the church next door to the facility. Per the resident, he/she was able to enter the church through an unlocked door and fell asleep in a classroom. The resident called his/her family member the next morning when people started entering the church. The family member called the administrator and told him/her where the resident said he/she was located. The administrator went over to the church to get the resident. Around 7:30 A.M. the administrator saw the resident walking around outside of the church. The resident was uninjured. The resident did not want to come back to the facility. The resident had a cell phone and called 911, stating he/she wanted to go to the hospital. The administrator said his/her expectation was staff never leave the special care unit or any assigned area of the facility unattended. The administrator said he/she was not aware of Resident #1's exit seeking behavior on 10/3/22 as described in the resident's nurse's note. The administrator expected staff to document follow up when exit seeking behaviors occurred. Observation with the administrator on 10/19/22 at 12:35 P.M. showed the following: -The delayed egress door of the special care unit led into an unlocked, fenced, courtyard; -The delayed egress door was approximately 50 feet from the unlocked courtyard gate; -The courtyard gate opened to a sidewalk and the facility parking lot with a steep grassy slope leading to the church parking lot next door to the facility; -It took the surveyor approximately three minutes to walk from the courtyard gate to the side of the church, walking at a moderate pace approximately 1/8 to 1/4 mile). MO208193

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36219 Based on observation, interview, and record review the facility failed to provide sufficient nursing staff to meet residents' needs for eight residents (Residents #2, #3, #4, #5, #6, #9, #10, and #12) in a review of 12 sampled residents. Staff failed to provide assistance with daily grooming and routine showers to ensure good personal hygiene and prevent body odors. The facility also failed to ensure adequate staffing on the facility's Special Care Unit (SCU) to prevent resident to resident altercations. A sample of 12 residents was selected for review. The facility census was 84. Review of the facility's Resident Census and Conditions Report for 10/27/22 showed the following: -The facility census was 84; -Sixty residents required assistance of one or two staff for bathing; -Thirteen residents were totally dependent on staff for bathing; -Twenty-nine residents required assistance of one or two staff for transfers; -Fifteen residents were totally dependent on staff for transfers; -Forty-four residents required assistance of one or two staff for toilet use; -Twelve residents were totally dependent on staff for toilet use; -Thirty two residents required assistance of one or two staff for eating; -Two residents were totally dependent on staff for eating; -Fifty-five residents were occasionally or frequently incontinent of bladder; -Twenty-four residents were occasionally or frequently incontinent of bowel; -Thirty-two residents had dementia; -Twenty-four residents had behavioral healthcare needs. 1. Review of the facility's daily staffing sheets for 10/1/22 through 10/26/22 showed the following: -On 10/1/22 Day Shift there were no shower aides, no restorative aide, and only one aide on the SCU; -On 10/1/22 Evening Shift there was only one aide on the 200 hall and only one aide on the SCU; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-On 10/2/22 Day Shift there were no shower aides and no restorative aide; -On 10/2/22 Evening Shift there was only one aide on the SCU; -On 10/3/22 Evening Shift there was only one aide on the SCU; -On 10/4/22 Day Shift there were no shower aide and no restorative aide; -On 10/4/22 Evening Shift there was only one aide on the SCU; -On 10/5/22 Evening Shift there was only one aide on the SCU; -On 10/9/22 Evening Shift there was only one aide on the SCU; -On 10/10/22 Evening Shift there was only one aide on the 200 hall and one aide on the SCU; -On 10/12/22 Day Shift there were no shower aides; -On 10/14/22 Day shift there were no shower aides; -On 10/14/22 Evening Shift there was only one aide on the SCU and one aide on the 200 hall; -On 10/15/22 Day Shift there were no shower aides and only one aide on the SCU; -On 10/15/22 Evening Shift there was only one aide on the SCU; -On 10/16/22 Day Shift there were no shower aides and only one aide on the SCU; -On 10/16/22 Evening Shift there was only one aide on the SCU; -On 10/17/22 Day Shift there were no shower aides and only one aide on the SCU; -On 10/17/22 Evening Shift there was only one aide on the 200 hall and one aide on the SCU; -On 10/18/22 Evening Shift there was only one aide on the 200 hall and one aide on the SCU; -On 10/19/22 Day Shift there were no shower aides and no restorative aide; -On 10/19/22 Evening Shift there was only one aide on the 200 hall and one aide on the SCU; -On 10/20/22 Day Shift there was only one aide on the SCU; -On 10/20/22 Evening Shift there was only one aide on the 200 hall and one aide on the SCU; -On 10/21/22 Evening Shift there was only one aide on the 200 hall and one aide on the SCU; -On 10/22/22 Evening shift there was only one aide on the 200 hall and one aide on the SCU; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-On 10/23/22 Day Shift there were no shower aides; -On 10/24/22 Day Shift there was only one aide on the SCU; -On 10/24/22 Evening Shift there was only one aide on the SCU; -On 10/25/22 Evening Shift there was only one aide on the SCU and one aide on the 200 hall; -On 10/26/22 Evening Shift there was only one aide on the 200 hall and one aide on the SCU. Review of the facility's census sheet, dated 10/27/22, showed the following: -Census was 84; -There were 28 residents on the 200 hall; -There were 14 residents on the SCU. 2. Review of Resident #3's care plan, last reviewed 9/22/22, showed the following: -Diagnoses included unspecified dementia with behavioral disturbance, pain, depressive episodes, and insomnia; -The resident was at risk for elopement based on observation and history prior to admission; -Provide distractive activities to deter the resident from wandering when noted; -The resident will reside on the secured unit (SCU) to decrease the risk of elopement; -The resident had a history of wandering, hitting, inappropriate urination. The resident had several behavioral episodes; -Assess if behavior endangers others and intervene if necessary; -Assist the resident to identify coping mechanisms; -Maintain a calm environment and approach; -Provide outlets for expression of hostility and anger: snacks, pacing, stress ball; -Restrict access to potentially harmful items; -Will reside on the locked unit for smaller environment to decrease crowds, noise, availability to exit doors; -The resident required assist of one staff for toileting and showers. 3. Review of Resident #2's care plan, last reviewed 8/22/22, showed the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Diagnoses included Alzheimer's disease, repeated falls, abnormal weight loss, and unspecified dementia with behavioral disturbance; -The resident required minimal assistance with activities of daily living, sometimes required moderate assistance depending on mood/agitation; -If the resident demonstrated distress/agitation, attempt to determine why and if a reason could be found, address it; -The resident had behaviors of wandering, yelling, and hitting. The resident had delusions and hallucinations and rejected care; -Set limits and expectations for behavior with the resident; -Assess if behavior endangers others and intervene if necessary; -Provide outlets for expression of hostility and anger; -The resident enjoyed drinking tea with milk and discussing his/her childhood; -Closely supervise the resident. Review of the facility's investigation, dated 9/22/22, showed the following: -The incident occurred on 9/22/22 at approximately 5:00 PM.; -Resident #2 was seen hitting Resident #3; -Resident #3 hit Resident #2 back and asked him/her to stop; -Resident #2 continued to hit Resident #3 until the residents were separated by staff; -No injuries were found to either resident; -Staff administered an as needed (PRN) medication to Resident #2 and he/she calmed down; -Neither resident remembered the incident when questioned after the event; -The incident occurred in the common area. Review of the written statement by Certified Nurse Aide (CNA) H obtained by the facility, dated 9/23/22 at 6:00 P.M. showed the following: -CNA H saw Resident #2 hit Resident #3; -Resident #3 asked Resident #2 to stop and then hit Resident #2 back; -Resident #2 continued to hit Resident #3; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-CNA H went to get the nurse and then it was all over. 4. Review of Resident #4's care plan, last reviewed 8/1/22, showed the following: -Diagnoses included dementia, psychotic disturbance, mood disturbance, anxiety, major depressive disorder, and Alzheimer's disease; -The resident resisted care; -Avoid power struggles with the resident; -Encourage the resident to express concerns; -Establish clear boundaries for the resident; -The resident was at high risk for elopement and wandering; -Remove the resident from other residents' rooms and unsafe situations; -Approach the resident from the front; -Avoid over-stimulation; -Don't argue with the resident if he/she says he/she is going home. Just stay calm and agree and say we can discuss it later; -The resident required the assistance of one staff for personal hygiene, bathroom needs, and walking. Review of the facility's investigation dated 10/7/22, showed the following: -The incident occurred on 10/7/22; -Resident #2 was in the hallway talking to himself/herself; -Resident #4 told Resident #2 to shut up and then went after Resident #2; -Resident #4 swung and missed Resident #2; -CNA I stepped between the two residents to intercede; -Resident #2 hit CNA I and then grabbed Resident #4's hand, causing a skin tear; -CNA I then notified the charge nurse; -Resident #4 was started on antibiotics for a urinary tract infection; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Residents on the SCU were agitated due to a change in the SCU surroundings due to positive Coronavirus Disease 2019 (COVID-19, an infectious disease caused by severe acute respiratory syndrome Coronavirus 2 (SARS-CoV-2) infections. Review of the undated, written statement from CNA I obtained by the facility showed the following: -On 10/7/22 CNA I worked the SCU when Resident #4 was walking down the hall and noticed Resident #2 was there; -Resident #4 tried to come at Resident #2; -Resident #2 began to come at Resident #4 in return; -CNA I got between the two residents; -Resident #2 hit CNA I in the side and grabbed Resident #4's hand and started to squeeze it; -Resident #4 obtained a skin tear; -CNA I reported the incident to the nurse who came right over to the unit. During an interview on 10/19/22 at 10: A.M., Certified Nurse Aide (CNA) J said he/she did frequently work on the SCU. There were several residents that had been in physical altercations with one another and staff had to monitor them closely. Many of the residents on the SCU wandered into each other's rooms which could cause issues. Sometimes there was only one aide on the unit on the day shift. There were supposed to be two. When there was only one aide on the SCU it was difficult to monitor all the residents if the aide needed to give a resident a shower or provide assistance with toileting or other care. Sometimes other staff would be on the unit like the Certified Medication Technicians (CMTs) while they passed medications or sometimes an activity staff person but if the aide was the only person on the unit and had to help a resident in their room or shower room there was no one to monitor what the other residents were doing. During an interview on 10/19/22 at 1:25 P.M., Activity Staff member K said he/she tried to do activities on the SCU five days a week but it usually wasn't that frequently. Activity Staff member K said he/she would typically be on the SCU for a couple of hours doing activities with residents on the SCU. Observation on 10/19/22 at 3:20 P.M., showed CNA M was the only staff member on the SCU. During an interview on 10/19/22 at 3:22 P.M., CNA M said he/she was the only staff person on the SCU for the evening shift. It was very difficult to monitor all the residents on the SCU if there was only one aide. CNA M had to text other staff members to relieve him/her for breaks. Several of the SCU residents wandered and got into altercations and it was difficult for one staff member to monitor if he/she had to provide care for another resident in their room or bathroom. It was also difficult to get all of the residents assisted at meal times. There were a couple of residents who required the assistance of two staff for transfers but CNA M just did the best he/she could. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 10/19/22 at 3:42 P.M., the staffing coordinator said there was only one aide for the SCU that evening shift. Ideally there would be two aides on the SCU and on all the halls for day and evening shifts but that was not always possible. There were a couple of residents on the SCU who required assistance from two staff depending on their ability at that time. If the aide on the SCU needed assistance with a resident he/she would call for another staff member to come to the SCU to assist him/her. 5. Review of Resident #9's care plan, dated 3/24/22, showed the following: -Diagnoses included dementia with behavioral disturbance, depression, and anxiety; -The resident had socially inappropriate/disruptive behavioral symptoms as evidenced by wandering into other residents' rooms; -Assess whether the behavior endangers the resident and/or others and intervene if necessary; -Place the resident in a specially designated therapeutic unit. The resident was on the secured memory unit; -Redirect the resident if he/she wandered into other residents' rooms; -The resident was at moderate to high risk of wandering/elopement based on observation. The resident lived on a secured unit. Review of the facility's investigation, dated 10/20/22, showed the following: -The incident occurred on 10/20/22; -NA D came in and saw Resident #3 yelling at Resident #9 to get up out of his/her chair in the common area of the memory care unit (SCU); -NA D then saw Resident #3 slap Resident #9 on the right arm and yelled at him/her to move; -Neither resident remembered the incident; -Resident #3 was over six feet tall and 272 pounds. If Resident #3 slapped Resident #9 it would have left a mark; -It was believed that Resident #3 was shooing Resident #9 away. Review of the written statement from NA D, dated 10/20/22 at 12:25 P.M., obtained by the facility, showed the following: -NA D witnessed Resident #3 slap Resident #9 on the right arm and scream at him/her and told Resident #9 to get out of his/her seat; -NA D told Resident #3 he/she cannot put his/her hands on anyone; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Resident #3 responded to NA D that was his/her chair and nobody else is to sit in that chair. During an interview on 10/27/22 at 12:22 P.M., NA D said almost all of the time there was only one aide working on the SCU on all shifts. When there was only one staff, they would not get relieved for breaks or lunches. No other staff came to assist at meal times. There was no way staff could assist residents with showers when there was only one aide on the SCU or monitor all the other residents when the one staff member was providing care in a resident's room. There were several aggressive residents who were difficult to deal with and keep under control. Most of the residents wandered into others' rooms and this upset some of the residents. Resident #3 had a certain chair in the common area he/she insisted was his/hers and would get physically and verbally aggressive if another resident sat in it. NA D tried to monitor the residents as best he/she could when working alone but it was difficult. During an interview on 10/27/22 at 9:42 A.M., CNA F said he/she worked on the SCU. It could be challenging to keep all the residents monitored when there were two staff working on the unit. Sometimes there was only one aide on the SCU which was very challenging, especially if the residents were worked up. SCU staff also had to assist residents with their showers which could not be completed when there was only one aide. CNA F said he/she could transfer all the residents on his/her own but not all the staff could. During an interview on 10/27/22 at 1:30 P.M., Certified Medication Technician (CMT) B said he/she had worked the SCU on the night shift several times. No one comes to relieve him/her for breaks. CMT B had to use the residents shower room bathroom because he/she was not relieved by anyone to use the restrooms or take a break. Some of the residents were up all night wandering and could get into altercations. Observation on 10/27/22 at 4:20 P.M. showed there was only one aide on the SCU. There were no other staff members on the unit. During an interview on 10/27/22 at 4:20 P.M. CNA O said he/she was the only aide for the SCU that evening shift. CNA O said he/she could not monitor all the residents and provide care for the residents who required it on his/her own. CNA O was told the charge nurse would relieve him/her for breaks but that didn't always happen. There were several residents who wandered and were at risk for elopement that needed close monitoring which could not be provided if CNA O was providing care in a resident's room. 6. Review of Resident #12's annual Minimum Data Set (MDS), a federally mandated assessment instrument, dated 10/13/22 showed the following: -Cognitively intact; -No rejection of care; -Totally dependent on two or more staff for transfers; -Required limited assist of two or more staff for bed mobility; -Required limited assist of one for personal hygiene; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Required extensive assist of one for bathing; -Diagnoses of diabetes, stroke and anxiety; -Weight 338 pounds. Review of the resident's care plan revised 10/21/22 did not address the resident's ADL care needs. Review of the resident's shower sheets from 9/1/22 to 10/27/22 showed the following: -Staff documented the resident received a bed bath and washed his/her hair on 9/3/22, 9/7/22 and 9/10/22; -Staff documented the resident received a bed bath on 9/15/22, 9/20/22, 9/24/22 and 9/28/22 (no documentation staff washed the resident's hair); -Staff documented the resident received a shower and washed his/her hair on 9/30/22; -Staff documented the resident received a bed bath on 10/5/22 and 10/21/22 (no documentation staff washed the resident's hair); -There was no documentation staff washed the resident's hair from 9/30/22 to 10/27/22 (26 days); -There was no documentation the resident received a bed bath or shower from 10/5/22 to 10/21/22 (16 days). Observation on 10/27/22 at 9:38 A.M. in the resident's room showed the following: -The resident lay in bed; -His/Her hair was long and greasy; -The resident had body odor. Observation on 10/27/22 at 12:54 P.M. in the resident's room showed the following: -The resident lay in bed; -His/Her hair was long and greasy; -The resident had body odor. During interview on 10/27/22 at 9:38 A.M. and 2:35 P.M. the resident said the following: -He/She doesn't get out of bed a lot; -He/She gets bed baths a couple of times a week; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-He/She would prefer to take a shower; -Staff don't wash his/her hair when doing his/her bed bath; -It's been a long time since he/she has had his/her hair washed; -He/She would like to have his/her hair washed; -He/She has not refused to take a shower. During interview on 10/27/22 at 9:37 A.M. Resident #11 (Resident #12's roommate) said the following: -His/Her roommate stinks; -His/Her roommate does not get showers. 7. Review of Resident #10's quarterly MDS dated [DATE] showed the following: -Cognitively intact; -No rejection of care; -Required limited assist of one for personal hygiene; -Diagnoses of anxiety and depression. Review of the resident's care plan revised 9/14/22 showed the following: -Self-care deficit in ADLs related to progression of physical decline/weakness; -Resident will have his/her basic daily needs met as evidenced by being appropriately groomed, clean, appropriately dressing for situation, proper hygiene including facial, oral, hair, nails; -Encourage resident to assist caregivers during completion of daily ADL tasks. Observation on 10/27/22 at 9:21 A.M. in the resident's room showed the following: -The resident sat in his/her recliner; -The resident was dressed in a T-shirt and underwear; -The resident's hair was disheveled and greasy; -The resident's fingernails were long with brown debris under them; -The resident's arms were covered with white, scaly skin; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-White flecks covered the resident's T-shirt. Observation on 10/27/22 at 12:52 P.M. in the resident's room showed the following: -The resident sat in his/her bed; -The resident was dressed in a T-shirt and underwear; -The resident's hair was disheveled and greasy; -The resident's fingernails were long with brown debris under them; -The resident's arms were covered with white scaly skin. During interview on 10/27/22 at 9:33 A.M. the resident said the following: -Staff do not trim his/her fingernails in the shower; -He/She is due to get his/her nails trimmed and cleaned. 7. Review of Resident #5's care plan, dated 5/29/20, showed the following: -The resident was limited in the ability to maintain grooming and personal hygiene related to dementia and late onset Alzheimer's disease; -Allow sufficient time to complete grooming and personal hygiene. Review of the resident's care plan 5/29/20 did not describe the amount of assistance required for bathing or the frequency of bathing. Review of the resident's quarterly MDS dated [DATE] showed the following: -Severe cognitive impairment; -Has delusions and hallucinations; -Rejection of care 1-3 days of the last 7 days; -Independent with transfers with set-up help only; -Limited assist of one for walking; -Totally dependent on one staff member for personal hygiene; -Extensive assist of one for bathing; -Occasionally incontinent of urine and stool; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Diagnosis of dementia. Review of the resident's shower sheets dated 9/1/22 through 10/27/22 showed the following: -Staff documented the resident received a shower on 9/10/22, 9/15/22, 9/21/22, 9/24/22, 9/28/22 and 9/30/22; -Staff documented the resident received a shower on 10/5/22, 10/8/22, 10/12/22 and 10/21/22; -There was no documentation the resident received a shower from 9/1/22 to 9/10/22 (8 days); -There was no documentation the resident received a shower from 10/12/22 to 10/21/22 (9 days). Observation on 10/27/22 at 9:35 A.M. showed the resident lay in bed. The resident's hair appeared greasy and uncombed. Observation of the resident on 10/27/22 at 12:54 P.M. showed the resident sat in the common area of the unit. The resident's hair appeared greasy. 8. Review of Resident #6's admission MDS dated [DATE] showed the following: -Severe cognitive impairment; -No rejection of care; -Independent with transfers; -Required supervision of one staff for bathing; -Diagnoses of cerebral palsy, dementia and seizure disorder. Review of the resident's care plan, dated 6/30/22, showed the following: -The resident required supervision and assistance with bathing and personal hygiene; -Encourage the resident to participate in activities of daily living to the best of his/her ability. Review of the resident's care plan 6/30/22 did not describe the amount of assistance required for bathing or the frequency of bathing. Review of the resident's quarterly MDS, dated [DATE], showed the following: -Severe cognitive impairment; -No rejection of care; -Independent with transfers; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Required supervision of one staff for bathing. Review of the resident's shower sheets, dated 9/1/22 through 10/27/22, showed the following: -Staff documented the resident received a shower on 9/6/22, 9/16/22, 9/20/22, 9/23/22, 9/27/22 and 9/30/22; -Staff documented the resident received a shower on 10/11/22, 10/13/22, 10/16/22 and 10/21/22; -There was no documentation the resident received a shower from 9/6/22 to 9/16/22 (9 days); -There was no documentation the resident received a shower from 9/30/22 to 10/11/22 (11 days); -There was no documentation the resident received a shower from 10/21/22 to 10/27/22 (5 days). Observation on 10/27/22 at 3:02 P.M., in the hallway showed the following: -The resident walked down the hallway; -His/her face was covered with stubble; -His/her hair was disheveled and greasy. During an interview on 10/27/22 at 9:42 A.M., CNA F said he/she worked day shift and had worked on the special care unit. The aides on the unit completed the showers for residents on the unit. It was challenging to get the showers completed when two aides were assigned to the unit. Sometimes there was only one aide working the unit and it was impossible to get the showers completed for residents with only one aide. During interview on 10/27/22 at 3:08 P.M., Licensed Practical Nurse (LPN) C said the following: -Resident #12 is very hard to provide care to due to his/her size, staff have to find someone to assist with his/her care; -Sometimes there is a shower aide and sometimes CNA staff working the floor are responsible for giving showers; -They don't always have enough staff to give showers; -He/She would expect staff to trim/clean nails, shave residents to their preference, give showers and bed baths and wash residents' hair. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265702	A. Building B. Wing	10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Troy Manor	200 Thompson Drive Troy, MO 63379

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 10/27/22 at 4:38 P.M., the administrator said residents should receive two showers a week unless the resident refused. Staff should document a resident's refusal to shower or bathe. The scheduled shower aides were sometimes pulled to work the floor as an aide to cover call-ins. The administrator was not aware there was an issue with residents not receiving two showers a week. The charge nurse should relieve the aide on the SCU for breaks if no one else was available. The administrator was not aware that wasn't being done. The administrator felt one aide on the SCU was sufficient if there were staff from other departments like activities and dietary on the SCU to assist them. The administrator would prefer to have two aides on the SCU during day shift. MO208047 MO208704 MO207370