person sixty years of age or older. . . .” Criminal liability is premised on conduct involving voluntary acts. Voluntary acts include “[a]n omission to perform an act of which the actor is physically capable.” The defendant was sentenced to ten years in prison.

The victim was an eighty-one-year-old woman suffering from diabetes. After falling in 2005, the victim determined she was unable to walk anymore and became bedbound. Gargus started staying with the victim and Gargus’s father in 2008 to help out, and by December 2009 she had moved in to care for them. In January 2010, Gargus quit her job at the Clark County Nursing Home, where she had worked since 1973, to care for her parents full-time.

Gargus testified she cooked for the victim, gave her daily sponge baths, and changed her clothes daily. The victim had been using a bedpan, but in January 2010, she became incontinent. Gargus tried to give the victim her medicine, but the victim resisted medication, frequently hiding it or throwing it away.

Gargus first noticed a bedsore the size of a tennis ball on the victim’s upper buttocks on January 20, 2010. To care for the bedsore, Gargus continued using egg crate and fleece cushioning for the victim’s bed, stopped using Depends diapers on the victim to allow the sore to get air, and attempted to turn the victim every hour—however, the victim was reluctant to change positions, and Gargus described it as a “constant battle.” The victim’s husband died on January 31, 2010. At the funeral, family members indicated they wanted to visit the victim, but Gargus discouraged visits. After her husband’s death, the victim stopped eating and did not want to drink.

Cindy Hickman (Cindy), the victim’s granddaughter, visited the victim on February 2, 2010, and described the mobile home as dirty and smelly. The victim’s bed was located in the living room with animal cages stacked around it from floor to ceiling. Cindy testified there were “hundreds” of mice everywhere. The victim was completely covered in a blanket and her eyes were matted shut and she did not recognize Cindy, calling her by her sister Sylvia Winger’s name.

On February 22, 2010, Gargus called an ambulance after noticing a wound on the victim’s foot. She had bathed the victim that morning and put lotion on her feet, but did not see an injury. The victim generally kept her feet uncovered, so any injury would be obvious. Gargus’s son alerted her to the injury later that day. . . . The emergency personnel testified that the victim appeared confused and complained of a burning sensation in her rectum. As they moved the victim from her bed to the stretcher, a large mouse or small rat ran out of the bedclothes.

Dr. Neville Crenshaw . . . who was the victim’s attending doctor, testified that when the victim was admitted to the hospital she was “acutely and critically ill.” The victim had several large bedsores in various stages of development. The main bedsore was on the victim’s upper buttocks, and Dr. Crenshaw described it as a “huge, gaping, infected wound.” The infection had eaten the skin and subcutaneous fat around the bedsore, and an investigator for the Missouri Department of Health and Senior Services (DHSS) testified she could see the victim’s tailbone through the basketball-sized wound. The infection tested positive for staphylococcus (staph) and had turned septic—that is, had spread to her bloodstream. The surgical floor nurse testified the bedsore smelled like rotting flesh. As well, the emergency room nurse testified the victim had open sores over most of her body and large bedsores on her heels.

Dr. Crenshaw further testified that the victim’s second main injury was the trauma to her left foot. Her skin and tissue were removed down to tendon and bone, consistent with having been eaten by a rodent, as witnessed by the emergency personnel. . . . The following day, an orthopedic surgeon amputated the victim’s leg and foot below the knee. He noted the leg was no longer getting any blood supply and was cold and blue. Moreover, he could feel gas under the skin, consistent with gangrene. Last, Dr. Crenshaw testified the victim was malnourished and “profoundly dehydrated.”

The victim died on March 11, 2010. Her autopsy revealed that the cause of death was multiple-organ failure due to septicemia, stemming from the multiple bedsores and gangrene of the left foot. The medical examiner testified that the victim’s death was caused by the bedsore on her back, and that early care of the bedsore could have stopped the disease from progressing. He noted bedsores occur when patients lie on their backs for long periods of time without moving. He further testified the failure to provide a clean environment, movement treatment for the bedsore, and medical care also led to the victim’s death.

The record shows that Gargus had worked in a nursing home since 1973 and had been a CNA since 1989. Her supervisor testified that all CNAs received continuing training in infection control, pressure areas, and skin care. More importantly, Gargus’s own testimony revealed that she knew of the importance of preventing and treating bedsores. . . . Despite Gargus’s admitted knowledge about the treatment of bedsores and her testimony that she bathed the victim every day and saw the victim’s body daily, Gargus let the bedsore progress to Stage IV before calling for medical assistance. When the victim was admitted to the hospital, the bedsore was a “huge, gaping, infected wound” through which the victim’s tailbone was visible.

Moreover, when the victim was admitted to the hospital, she was malnourished and dehydrated. Gargus testified that the victim stopped eating when her husband died on January 31, yet Gargus did not call

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