

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/03/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42594</p> <p>See event ID 9L9W12</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff treated residents in a manner that maintained their dignity when staff utilized Styrofoam bowls and cups and plastic silverware for meal service for 15 residents (Residents #106, #111, #72, #5, #92, #35, #34, #159, #151, #126, #502, #78, #104, #16 and #118). The facility also failed to ensure staff spoke to one resident (Resident #174) in a review of 70 sampled residents, in a dignified manner when Resident #174 was not allowed to drink coffee that he/she purchased when he/she wanted and staff were rude in their verbal interaction with the resident. The facility failed to allow four residents (Resident #120, #93, #157 and #90) to have preferred outside time or privileges to either use the Hangout or have some of the same privileges provided in the facility Hangout. The facility census was 159.</p> <p>Review of the facility policy, Resident Rights, last revised 3/22/17, showed the following:</p> <ul style="list-style-type: none">-The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside of the facility. The facility must protect and promote the rights of each resident;-The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules governing resident conduct and responsibility during the stay in the facility;-Information regarding resident rights and facility rules shall be posted in a conspicuous location in the facility and copies shall be provided to anyone requesting this information;-Residents shall be treated with consideration, respect and full recognition of his/her dignity and individuality;-Residents shall not have their personal lives regulated or controlled beyond reasonable adherence to meal schedules and other written policies which may be necessary for orderly management of the facility and the personal safety of the residents. <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 265330	Facility ID: 265330 If continuation sheet Page 1 of 45

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility undated policy, Privacy/Dignity of the Resident, showed the purpose was to ensure each resident was treated with respect and dignity and afforded the opportunity to have privacy in those situations required and when requested. Staff should be respectful with their tone of voice, respect each resident's individuality and respect their space.</p> <p>Review of the undated policy, Isolation Trays, showed the following:</p> <ul style="list-style-type: none"> -Dietary department employees are to be informed of the infection control condition; -Dishes, flatware, trays and diet tray cards used for an infection control isolation resident may need to be disposable; -Disposable dishes for infection control use shall be available at all times in the dietary department. <p>Review of the undated, facility Hangout Expectations, showed the following:</p> <ul style="list-style-type: none"> -You will be compliant with ALL physician orders; -You will have appropriate behavior to attend the Hangout; -You will clean up after yourself; -You will follow COVID precautions; -If you smoke/chew in the Hangout courtyard you will be expected to dispose of cigarette/chew properly; -You may not give or accept money/tobacco products/etc. to other residents; -You must be dressed appropriately when in Hangout/courtyard. No offensive or revealing attire should be worn, no low-cut shirts, high cut shorts or sagging pants and you need to have appropriate foot coverings (socks, shoes); -No personal items will be brought to the Hangout to trade, sell, give away or loan out/borrow; -You will be mindful of other residents while playing music/playing video games or watching TV in Hangout. Asking your peers if they mind the volume level/type of music, wearing headphones are acceptable ways of being respectful; -You are expected to be mindful of other residents' personal space/boundaries. No inappropriate touching or horseplay should take place; -You must sign out/in when leaving and returning to the unit. You must go to and from the Hangout promptly and without stopping at offices or in hallways; -You will refrain from using inappropriate language (racial slurs, cursing, etc.); <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Property destruction is not acceptable;</p> <p>-You may take food/drinks from the Hangout to your unit as long as it is properly covered;</p> <p>-You are expected to exhibit proper hygiene (showering, clean clothes, brush teeth, deodorant);</p> <p>-Your room must be clean with bed made before visiting the Hangout;</p> <p>-You will not talk through/ pass any items through bedroom windows (from courtyard attached to Hangout area bordered by exterior of facility/rooms);</p> <p>-Handheld wands will be used to assist in checking for suspected contraband;</p> <p>-You are expected to be respectful of other residents while on the facility computers. Please limit computer usage to one time per day unless no other residents are wanting to use a computer;</p> <p>-You are expected to be following your individual goals set by the WOF ([NAME] of Focus) program.</p> <p>-You must act and communicate in a socially acceptable way;</p> <p>-You will not possess any contraband.</p> <p>1. Observation on 7/19/21 at 12:28 P.M. showed the Dietary Manager placed creamed corn into a Styrofoam bowl and added the bowl to Resident # 106's lunch tray.</p> <p>Observation on 7/19/21 at 12:49 P.M. showed the Dietary Manager placed creamed corn into a Styrofoam bowl and added the bowl to Resident #111's lunch tray.</p> <p>Observation on 7/19/21 at 12:49 P.M. showed the Dietary Manager placed creamed corn into a Styrofoam bowl and added the bowl to Resident #72's lunch tray.</p> <p>Observation on 7/19/21 at 4:54 P.M. showed the Assist to Dine/Fine Dining cart sat in the kitchen being loaded with items for evening meal service. A stack of Styrofoam bowls and cups sat on the second shelf of the cart.</p> <p>Observation on 7/20/21 at 10:07 A.M. showed Dietary Staff II poured salsa into Styrofoam bowls and placed the bowls on a large sheet pan and covered them with parchment paper.</p> <p>Observation on 7/20/21 at 12:31 P.M. in the Fine Dining/Assisted Dining room showed Dietary Staff AA served Resident #5 a Styrofoam bowl of Brussel sprouts and a Styrofoam bowl of salsa.</p> <p>Observation on 7/20/21 at 12:32 P.M. in the Fine Dining/Assisted Dining room showed Dietary Staff AA served Resident #35 fried rice in Styrofoam bowl and salsa in Styrofoam bowl. Resident #92 also received salsa in a Styrofoam bowl.</p> <p>Observation on 7/20/21 at 1:11 P.M. showed Dietary Staff AA served Resident #34 fried rice in Styrofoam bowl.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 7/20/21 at 1:13 P.M. showed Dietary Staff served Resident #159 fried rice in a Styrofoam bowl.</p> <p>During an interview on 7/22/21 at 10:32 A.M., the Dietary Manager said Styrofoam bowls and cups and plastic silverware should only be used when a resident was on isolation. She was unaware if there were enough regular bowls/cups and regular silverware available in house for use. The dietary manager assisted in plating trays using styrofoam, so she was aware this is what was being used to serve the residents.</p> <p>2. Record review of Resident #151's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -The resident was cognitively intact; -He/She required supervision, oversight, encouragement and cueing to eat; set up help only by staff; -Diagnoses included anxiety disorder, depression and manic depression. <p>Observation of the resident on 07/19/21 at 12:45 P.M. during the noon meal on the Homestead unit showed the following:</p> <ul style="list-style-type: none"> -He/She had a plastic fork and spoon to eat his/her noon meal and no other silverware; -He/She used the handle portion of a plastic fork to remove butter from a butter packet and spread it on his/her corn bread and baked potato; -He/She used the plastic fork to spear the whole pork chop and ate the whole pork chop, taking bites from the speared meat; -He/She used his/her hands to pick up the half of the baked potato and ate the baked potato with his/her hands; -He/She had three, small Styrofoam cups of liquid. <p>During interview on 07/19/21 at 12:46 P.M., the resident said the following:</p> <ul style="list-style-type: none"> -He/She never gets real silverware; -Plastic silverware was sometimes difficult to use, metal silverware would have made it easier; -He/She never gets a knife to cut his/her meat or butter his/her foods; -It would be nice to have one large glass to drink from and not have to have three small glasses; one small glass is just enough for one drink/swallow; -He/She had his own large cup, but staff would not fill it with requested liquids; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The pork chop was too tough or the plastic fork too flimsy to use to cut the meat so he/she just had to take bites from the whole pork chop;</p> <p>-He/She could not even use the plastic fork to mash the inside of the baked potato, it just kept bending.</p> <p>(The resident was not on isolation.)</p> <p>3. Record review of Resident #126's quarterly MDS, dated [DATE], showed the following:</p> <p>-The resident had mild cognitive impairment;</p> <p>-He/She required supervision, oversight, encouragement and cueing to eat, set up help only by staff;</p> <p>-Diagnoses included dementia and depression.</p> <p>Observation of the resident on 07/19/21 at 12:50 P.M. during the noon meal on the Homestead unit showed the following:</p> <p>-He/She tried to use his/her plastic fork to cut the pork chop on his/her plate;</p> <p>-He/She used the plastic fork to spear the whole pork chop and ate the whole pork chop, taking bites from the speared meat.</p> <p>During an interview on 07/19/21 at 12:52 P.M., the resident said the following:</p> <p>-The facility always used crappy plastic silverware;</p> <p>-The plastic fork would not cut the pork chop;</p> <p>-As a result, he/she felt like a caveman eating the pork chop like she had to;</p> <p>-Staff served his/her beverages in Styrofoam cups.</p> <p>(The resident was not on isolation.)</p> <p>4. Record review of Resident #502's annual MDS, dated [DATE], showed the resident was cognitively impaired and had a diagnoses of schizophrenia.</p> <p>Record review of the resident's quarterly MDS, dated [DATE], showed the resident was independent with eating; no help or staff oversight at any time; no set up or physical help from staff was needed.</p> <p>Observation of the resident on 07/19/21 at 12:51 P.M. during the noon meal on the Homestead unit showed the following:</p> <p>-He/She took the side of the plastic fork and ran it across the whole pork chop on his/her plate in a cutting motion; he/she was not able to cut the pork chop;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She used his/her hands to eat his/her pork chop and baked potato;</p> <p>-He/She used his/her plastic fork to eat his/her broccoli;</p> <p>-Staff served his/her beverages in Styrofoam cups.</p> <p>(The resident was not on isolation.)</p> <p>5. Record review of Resident #78's annual MDS, dated [DATE], showed the following:</p> <p>-The resident was mildly cognitively impaired;</p> <p>-He/She required supervision, oversight, encouragement and cueing to eat; set up help only by staff;</p> <p>-Diagnoses included major depression and dementia.</p> <p>Observation of the resident on 07/19/21 at 12:55 P.M. during the noon meal on the Homestead unit showed the following:</p> <p>-He/She used his/her hands to eat his/her pork chop;</p> <p>-Staff served his/her beverages in Styrofoam cups.</p> <p>(The resident was not on isolation)</p> <p>During an interview on 07/09/21 at 12:58 P.M. the resident said he/she could not get the plastic fork to cut his/her pork chop.</p> <p>6. Record review of Resident #104's quarterly MDS, dated [DATE], showed the following:</p> <p>-The resident was mildly cognitively impaired;</p> <p>-He/She required supervision, oversight, encouragement and cueing to eat; set up help only by staff;</p> <p>-Diagnoses included stroke and depression.</p> <p>Observation of Resident #104 on 07/19/21 at 1:00 P.M. during the noon meal on the Homestead unit showed the following:</p> <p>-He/She took the side of the plastic fork and ran it across the whole pork chop on his/her plate in a cutting motion. He/She was not able to cut the pork chop;</p> <p>-He/She used his/her hands to eat his/her pork chop and baked potato;</p> <p>-Staff served his/her beverages in Styrofoam cups.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 07/09/21 at 1:05 P.M., the resident said the following:</p> <ul style="list-style-type: none"> -He/She could not get the plastic fork to cut his/her pork chop, the meat was too tough; -The plastic fork would not cut his/her baked potato; -He/She used his/her fingers to eat his/her food because the plastic fork was not strong enough. <p>(The resident was not on isolation.)</p> <p>7. Record review of Resident #16's annual MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -The resident was cognitively impaired; -He/She was independent with eating; no help or staff oversight at any time; no set up or physical help from staff was needed; -Diagnoses included major depression and schizophrenia. <p>Observation of the resident on 07/19/21 at 1:05 P.M. during the noon meal on the Homestead unit showed the following:</p> <ul style="list-style-type: none"> -He/She ate his/her pork chop with his/her hands; -Staff served his/her beverages in Styrofoam cups. <p>(The resident was not on isolation.)</p> <p>During an interview on 07/09/21 at 1:07 P.M., the resident said he/she could not get the plastic fork to cut his/her pork chop so he/she had to use his/her hands. Real silverware would have worked better, or a knife.</p> <p>8. Record review of Resident #118's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -The resident was cognitively intact; -He/She independent with eating; no help or staff oversight at any time; no set up or physical help from staff was needed; -Diagnoses included diabetes, dementia, depression, major depression and schizophrenia. <p>Observation of the resident on 07/19/21 at 1:15 P.M. during the noon meal on the Homestead unit showed the following:</p> <ul style="list-style-type: none"> -He/She ate his/her pork chop with his/her hands; -Staff served his/her beverages in Styrofoam cups. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(The resident was not on isolation.)</p> <p>During an interview on 07/19/21 at 1:17 P.M. when asked why he/she was using his/her hands to eat his/her pork chop, he/she picked up his/her plastic fork and said, It does not work.</p> <p>During an interview on 07/19/21 at 12:40 P.M. Certified Nurse Aide (CNA) K said the following:</p> <ul style="list-style-type: none"> -The kitchen sends plastic silverware and Styrofoam cups at meal times; he/she did not think metal silverware was available; -He/She had never known the kitchen to send knives; -It looked like some residents were having a hard time cutting the pork chop with the plastic forks. <p>9. Record Review of Resident #174's medical file showed the following:</p> <ul style="list-style-type: none"> -The resident had a guardian; -No documented guardian restrictions regarding coffee. <p>Review of the resident's care plan, dated 10/22/19, showed the following:</p> <ul style="list-style-type: none"> -Approach in a warm, positive and calm manner; -Calmly talk with the resident and always explain what you will be doing; -The resident was at risk for alteration in mood related to anxiety, depression, schizophrenia and impulse control disorder. <p>Review of the resident's quarterly MDS, dated [DATE], showed the resident was cognitively intact.</p> <p>Review of the resident's July 2021 Physician Order Sheet (POS) showed the following:</p> <ul style="list-style-type: none"> -Regular diet, regular texture, thin/regular consistency; -No restrictions regarding coffee. <p>Observation on 07/19/21 at 11:15 A.M. showed the following:</p> <ul style="list-style-type: none"> -CNA K sat at the Homestead unit nursing station on his/her phone; -The resident asked CNA K for some coffee; -CNA K looked up from his/her phone, rolled his/her eyes and said, I'm not going to answer that, I've already told you a million times.; -The resident then self-propelled in his/her wheelchair away from the nursing station. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 07/19/21 at 11:28 A.M., CNA K said the following:</p> <ul style="list-style-type: none"> -Residents can only have coffee at facility snack times; he/she did not know why it was set up that way, but the resident knew that; he/she had asked him/her for coffee several times that morning; -He/She did not know if the resident had his/her own coffee or used facility coffee, but it did not matter, residents were only to get coffee on the even hours. <p>During an interview on 07/19/21 at 11:35 A.M., CNA T said the following:</p> <ul style="list-style-type: none"> -Coffee was served at breakfast, there was no coffee at lunch or dinner; -He/She was not aware of any coffee at snack times; -Residents cannot have coffee unless it is at breakfast and that was when the kitchen sends it to the unit. <p>During interview on 07/09/21 at 11:45 A.M., Licensed Practical Nurse (LPN) M said the following:</p> <ul style="list-style-type: none"> -Residents were encouraged to keep their personal food items in the snack room instead of their room. This helped with pest control and other residents stealing or being accused of stealing food items; -He/She was pretty sure if a resident had purchased their own coffee, they could have it whenever they wanted, unless there was a guardian restriction or physician order restricting it; -Facility coffee was only offered on the even hours; any resident could drink facility coffee unless there was a restriction. <p>During an interview on 07/09/21 at 11:57 A.M. the resident said the following:</p> <ul style="list-style-type: none"> -He/She had purchased his/her own coffee and it was stored in the snack room; -Coffee kept him/her calm and he/she enjoyed drinking coffee; -He/She had asked CNA K for coffee at 10:30 A.M. and again at 11:15 A.M.; -CNA K seemed put out when he/she had asked for coffee and told him/her he/she could not have coffee the first time and the second time he/she did not answer him. CNA K was hateful with his/her response; -He/She felt frustrated when he/she could not even have something that was his/hers, that he/she had purchased with his/her own money. <p>10. Review of Resident #157's Face Sheet showed the resident admitted on [DATE] with a diagnosis of pain.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's Preadmission Screening and Resident Review (PASRR - a federal requirement to ensure individuals are not inappropriately placed in nursing homes for long term care, Level II (screening refers to clients with the diagnosis of Mental Illness or Mental Retardation), dated 8/18/19, showed the following:</p> <ul style="list-style-type: none"> -Likes to play chess, go for walks, watch television, and pray; -Loves people and likes to talk about God. -Needs encouragement to attend therapeutic groups/activities; -Participates in the World of Focus (WOF) program; -Enjoys watching television, listening to music and playing chess; -Independent with Activities of Daily living (ADL's); -Past jobs include Navy Veteran and worked in construction as a steelworker; -Had some college. <p>Review of the resident's annual Minimum Data Set (MDS), a federally required assessment completed by facility staff, dated 9/20/20, showed the following:</p> <ul style="list-style-type: none"> -Cognitively intact; -No behaviors or rejection of care; -Independent with ADL's; -Very important to the resident to have books, newspapers, and magazines to read, music to listen to, be around pets, go outside when the weather is good, and participate in religious activities. <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> -Cognitively intact; -No behaviors or rejection of care; -Independent with ADL's. <p>During an interview on 7/22/21, at 9:50 A.M., the resident said the following:</p> <ul style="list-style-type: none"> -He/She gets to go outside for smoke breaks; -He/She does not get to go outside any other time; -He/She would like to be outside most of the day from 6:00 A.M. to 11:00 P.M.; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She worked outside all of his/her life and he/she likes to be in the sun;</p> <p>-He/She feels like the residents on the Homestead unit get cheated in a way;</p> <p>-The residents on the other units can go to The Hangout where you can be outside all day, from 6:00 A.M. to 11:00 P.M.;</p> <p>-He/She was not allowed to go to The Hangout;</p> <p>-Staff told him/her he/she was likely to get hurt if he/she goes to the Hangout because they call code greens (behavior emergency) all the time;</p> <p>-He/She has requested to administration a hall monitor for the smoke area on Homestead so the residents on Homestead could go outside more too, but he/she did not get a response;</p> <p>-He/She has requested the corporation's number to talk to someone about it, but staff will not give him/her the number.</p> <p>11. Record review of Resident #120's medical file showed the following:</p> <p>-The resident was [AGE] years old;</p> <p>-Nursing notes dated 12/13/20 through 07/27/21 showed no documentation the resident had exhibited sexually inappropriate behaviors.</p> <p>Review of the resident's annual MDS, dated [DATE], showed the following:</p> <p>-Doing things in groups of people was very important to the resident;</p> <p>-Going outside to get fresh air when the weather was good was very important to the resident.</p> <p>Review of the resident's care plan, dated 05/17/21, showed the following:</p> <p>-The resident would have daily opportunities for socialization;</p> <p>-Enjoys watching television, listening to music, singing, playing guitar, reading newspaper/magazines and walking; enjoys being outdoors;</p> <p>-No restrictions documented regarding use of the Hangout or going outside.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <p>-The resident was cognitively intact;</p> <p>-Physical behaviors directed towards others one to three days over the last period;</p> <p>-No documentation the identified symptoms put others at risk.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 07/19/21 at 11:48 A.M., the resident said the following:</p> <ul style="list-style-type: none"> -He/She got to attend the Hangout on 07/18/21 and now staff tell him/her he/she was not supposed to be allowed to attend the Hangout; -He/She used to attend the Hangout all of the time before COVID (coronavirus pandemic); -He/She would like to attend the Hangout because he/she has friends that are allowed to attend and he/she likes spending time with them; -Staff tell him/her it would not be safe for him/her to attend the Hangout because other residents might be mean to him/her. He/She did not have any conflicts when attending the Hangout and thought everyone liked him/her; -He/She would like to play pool, watch television, visit with friends and just enjoy the outdoors at the Hangout; -Not being allowed to attend the Hangout made him/her feel like he/she was in a cage of walls and in trouble; -Other than smoke breaks, he/she was never allowed to go outside. The door to the court yard was always locked and staff only opened it when it was smoke break. <p>During an interview on 07/20/21 at 11:45 A.M. the resident's guardian said the following:</p> <ul style="list-style-type: none"> -He/She knew the resident wanted to attend the Hangout, the resident had mentioned it several times; -At a recent care plan meeting this was discussed and the facility said they were going to work on figuring out a way to allow more residents to attend the Hangout; -He/She would have no concern with the resident attending the Hangout. <p>12. Record review of Resident #93's medical file showed he/she was his/her own person; he/she did not have a guardian.</p> <p>Review of the resident's care plan, dated 11/13/19 and 02/02/20, showed the following:</p> <ul style="list-style-type: none"> -Staff was to encourage the resident to attend group/activities of choice; -The resident was mobile via power wheelchair; transfers self; -No restrictions documented regarding use of the Hangout or going outside. <p>Review of the resident's annual MDS, dated [DATE], showed that going outside to get fresh air when the weather was good was very important to the resident.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The resident was cognitively intact;</p> <p>-No documentation of behaviors.</p> <p>During an interview on 07/19/21 at 10:10 A.M., the resident said the following:</p> <p>-He/She wished he/she could go to the Hangout; there was more to do there;</p> <p>-He/She spent his/her day lying in bed, staying in his/her room and watching television when he/she was not smoking; he/she would enjoy some different interaction;</p> <p>-He/She would like to get on a computer and maybe play games;</p> <p>-He/She enjoyed the outdoors, but only gets to go outside during smoke times;</p> <p>-There were no outside activities on the Homestead patio that he/she was aware of; the only time the area was used was for smoke breaks. He/She would just like some outdoor sunshine on my skin;</p> <p>-On the smoking patio he/she could only see the tops of trees. The resident said, Oh what he/she wouldn't do to just see grass;</p> <p>-He/She thought prisoners even got courtyard/grass time.</p> <p>Multiple observations during the four day investigation and inspection showed the resident self-transferred from his/her bed to his/her mechanical wheelchair and back without any staff assistance. He/She was also able to self-manuever, safely, throughout the hallways and to the dining room without staff assistance.</p> <p>During an interview on 07/19/21 at 4:54 P.M., CNA T said the following:</p> <p>-Residents on the Homestead unit were not allowed to attend the Hangout; he/she was not sure why;</p> <p>-Residents have to have good behavior, their rooms clean and no codes called on them to be able to attend the Hangout;</p> <p>-The Hangout was open from 6:00 A.M. to 11:00 P.M.;</p> <p>-He/She had taken Resident #120 to the Hangout recently, but then was later told Resident #120 was not allowed to attend, he/she still did not know why.</p> <p>13. Record review of Resident #90's medical file showed the resident was [AGE] years old.</p> <p>Review of the resident's annual MDS, dated [DATE], showed that going outside to get fresh air when the weather was good was very important to the resident.</p> <p>Review of the resident's care plan, dated 04/28/21, showed the following:</p> <p>-He/She was self-responsible and makes all decisions in regards to his health/wellbeing;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-No restrictions documented regarding use of the Hangout or going outside.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <p>-The resident was cognitively intact;</p> <p>-No documentation of behaviors;</p> <p>-Independent with transfers and walking, no help or staff oversight at any time, steady all of the time.</p> <p>During an interview on 07/19/21 at 10:45 A.M., the resident said the following:</p> <p>-He/She enjoys going outside for fresh air but he/she never gets to;</p> <p>-He/She only gets outside time during smoke times;</p> <p>-He/She was not a smoker and does not like being outside with the smoke smell and the smokers;</p> <p>-He/She would like to go to the Hangout where there was an outside court yard, fresh air and a smoke free space;</p> <p>-There were no outside activities on Homestead that he/she had ever been invited to.</p> <p>14. Review of the July Homestead activity calendar showed the following:</p> <p>-9:00 A.M. morning visits could include outdoor mornings;</p> <p>-Activities are subject to change;</p> <p>-07/01/21 through 07/27/21, 9:00 A.M. was to be morning visits;</p> <p>-07/03/21, 07/10/21, 07/17/21 and 07/24/21, 1:30 P.M. was to be outdoor afternoon.</p> <p>During an interview on 07/22/21 at 5:00 P.M., activity staff JJ said he/she tries to do an outside activity with the residents on Homestead, but what he/she usually ends up doing is just extending a smoke break for the residents.</p> <p>Observation on 07/19/21 at 9:15 A.M. showed no outdoor activity on the Homestead unit.</p> <p>Observation on 07/20/21 at 9:00 A.M. showed no outdoor activity on the Homestead unit.</p> <p>Observation on 07/22/21 at 9:00 A.M. showed no outdoor activity on the Homestead unit.</p> <p>Observation on 07/27/21 at 9:00 A.M. showed no outdoor activity on the Homestead unit.</p> <p>During an interview on 07/22/21 at 4:38 P.M., the [NAME] of Focus Coordinator said the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Residents on Homestead do not attend the Hangout; there was too much of an age difference and in their cognitive ability for them to attend the Hangout with the current residents that attended;</p> <p>-Hangout times are from 6:00 A.M. to 11:00 P.M. with two staff covering two separate shifts;</p> <p>-The facility used to have staggered times for different units to attend the Hangout; he was not for sure why this stopped. It might have been due to a resident (Resident #132) from the unit and an issue of him/her controlling the computer time and not allowing other residents on the computer;</p> <p>-The age range for the residents attending the Hangout now was 20 to [AGE] years of age. There was also a [AGE] year old that attended;</p> <p>-There are computers in the Hangout but there are none on Homestead;</p> <p>-Smokers who attend the Hangout do not have set smoke times; they are free to smoke when they want;</p> <p>-The Hangout courtyard is a large, grassy, open area with outdoor seating and a basketball goal. Residents that attend the Hangout can go outside in the court yard any time they want;</p> <p>-Homestead has a courtyard. It is a concrete pad in a fenced in area;</p> <p>-There was no grassy area in the Homestead courtyard;</p> <p>-The Hangout has multiple gaming machines, pool tables and a large television with a movie channel;</p> <p>-Resident #120 used to consistently attend the Hangout before the facility quit staggering the time attendance. He/She does not attend now due to the age difference. He/She would be concerned for the resident's safety if he/she currently attended. Sometimes there were misunderstandings between the two groups;</p> <p>-Resident #93 was not allowed to attend the Hangout because he/she used a wheelchair. A resident must be independent, or not require assistance, to attend the Hangout;</p> <p>-He/She would have concerns with Resident #90 attending the Hangout because of his/her cognition level;</p> <p>-Of the residents on the Homestead unit, he would consider Resident #120 and Resident #157 ones that could attend.</p> <p>During an interview on 07/27/21 at 5:21 P.M., the administrator said the following:</p> <p>-If an aide was sitting and not tending to another resident or performing resident care, they should get whatever the resident is asking for. This would include personally purchased coffee, unless there was a guardian or physician restriction;</p> <p>-Homestead residents are currently not able to attend the Hangout;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- The team, which would include the [NAME] of Focus Coordinator, meet and decide if a resident was appropriate to attend the Hangout; - She did not think Resident #120 was appropriate because he/she was sexually inappropriate; - Resident #157 never requested to attend the Hangout to her knowledge; - Residents that use a wheelchair or walker or are unsteady would not be safe for the Hangout; - Resident #93 utilizes a wheelchair; he/she was his/her own person so he/she can go outside anytime he/she wanted; - Resident #90 was unsteady during ambulation; - Plastic utensils should only be used when a resident was on isolation.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42594</p> <p>See event ID 9L9W12</p> <p>This deficiency is uncorrected. For previous examples, refer to the Statement of Deficiencies dated 4/15/21.</p> <p>Based on observation, interview and record review, the facility failed to ensure one resident (Resident #58) had alprazolam (a medication used to treat anxiety) available for administration per the physician's order. Seventy residents were in the sample. Resident #93 did not receive his/her scheduled testosterone injection as ordered. In addition, Resident #93's dental aftercare orders were not followed when the resident missed medication and staff did not complete treatment orders. Record review showed staff did not monitor five residents' (Resident #16, #19, #104, #118 and #163) pulse or blood pressure, as ordered, prior to administration of medication. Staff administered medications when they should have been held, did not administer a medication on an empty stomach, and did not administer a medication separately from other medications for one resident (Resident #104). Staff administered medications to two residents (Resident #104 and #118), out of the scheduled time frame. Staff also left the residents with a cup of medication, unattended, in an open dining room around other residents. Observations showed staff did not administer nutritional supplements to two residents (Resident #148 and #126) as ordered. The facility also failed to obtain blood glucose levels, and administer insulin as ordered for three residents (Resident #16, #62, and #155). The facility census was 159.</p> <p>Review of the facility policy, Medication Administration and Monitoring, last revised 4/2017, showed the following:</p> <ul style="list-style-type: none"> -Medications are to be given per physician's orders; -All medications are recorded on the Medication Administration Record (MAR) and signed immediately after the resident has taken the medication; -The nurse or CMT should note if a medication is refused or not available. The nurse or CMT will initial and circle the time of the medication. On the back of the MAR, staff will document the reason the medication was not given and note an explanation of the solution to the problem. The DON or registered nurse (RN) designee will be notified immediately regarding the resident not receiving the medication. It will then become the DON or RN designee's responsibility to ensure the medication is received and the licensed nurse or the CMT distributes the medication to the resident. The pharmacy will be notified and the medication will be received; -The physician will be notified if medication is given late and the nurses notes will indicate why medication has a discrepancy. -It is imperative that all medications are given using the seven rights to medication administration: right resident, right medication, right dose, right route, right time, right documentation, and right dosage form. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility policy on Ordering and Ensuring Scripts are Provided to Pharmacy, last revised 7/11/14, showed the following:</p> <ul style="list-style-type: none"> -The purpose of the policy is to implement a system to ensure that residents are receiving narcotics as prescribed by the physician without delay due to unavailability of the signed original script. The purpose of the policy was also to implement a system that effectively addresses pain management of the individual resident in the event that the prescribed narcotic medication is unavailable; -The Director of Nursing (DON) will assign a licensed or Registered Nurse to be responsible during business hours, of monitoring all narcotics in the facility for the need to obtain a written prescription to ensure availability of the narcotic medication; -The Licensed/Registered Nurse will review all routine and PRN narcotic mediation orders with the available medication in the facility daily to ensure that at least three days worth of the medication is available in the facility; -In the event the narcotic medication has been exhausted to three days remaining, the Licensed/Registered Nurse will reorder the medication from the pharmacy; -If the medication required a written, signed script from the prescribing physician, the Licensed/Registered nurse will contact the physician during office hours; -The Licensed/Registered Nurse will ensure the script has been received by the pharmacy within 24 hours to prevent the unavailability of the prescribed narcotic; -If the narcotic medication was not delivered to the facility, the Licensed/Registered Nurse will re-order the medication and contact the pharmacy directly to verbally confirm it's arrival to the facility; -Any time a medication is not available in the facility, the charge nurse/Certified Medication Technician (CMT) will notify the Resident Care Coordinator (RCC) or designee, DON, Assistant DON, Registered Nurse (RN) or designee, Legal Guardian, and Primary Care Physician (PCP), or prescribing physician. Any further orders will be followed. <p>1. Review of Resident #58's face sheet showed the following:</p> <ul style="list-style-type: none"> -The resident had diagnoses that included paranoid schizophrenia (a serious mental illness that affects how a person thinks, feels, and behaves), anxiety disorder and irritability and anger; -The resident had a primary care physician listed with contact information; -The resident had two psychiatrists (including the ordering psychiatrist for the resident's alprazolam) listed with contact information. <p>Review of the resident's care plan, revised on 5/03/21, showed the following:</p> <ul style="list-style-type: none"> -The resident had impaired thought processes related to paranoid schizophrenia, anxiety and depression; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Administer medications as ordered.</p> <p>Review of the resident's controlled drug count sheet for Alprazolam 1 milligram (mg) showed on 7/6/21 at 8:00 P.M. Certified Medication Technician (CMT) X signed out the last Alprazolam 1 mg available for the resident leaving the count at zero.</p> <p>Review of the resident's medication administration record (MAR) for alprazolam 1 mg three times a day (TID), for July 2021, showed:</p> <p>-On 7/7/21 at 8:00 A.M. alprazolam 1 mg administered and documented by CMT U (per the controlled drug count sheet no Alprazolam was available for this resident);</p> <p>-On 7/7/21 at 2:00 P.M. alprazolam 1 mg was not administered with a chart code of 4= Vitals outside of parameters for administration and documented by CMT U;</p> <p>-On 7/7/21 at 8:00 P.M. alprazolam 1 mg administered and documented by CMT V (per the controlled drug count sheet no Alprazolam was available for this resident);</p> <p>-On 7/8/21 at 8:00 A.M. alprazolam 1 mg was not administered with a chart code of 9= other/see progress notes documented by CMT W;</p> <p>-On 7/8/21 at 2:00 P.M. alprazolam 1 mg was not administered with a chart code of 9= other/see progress notes documented by CMT W;</p> <p>-On 7/8/21 at 8:00 P.M. alprazolam 1 mg was not administered with a chart code of 9= other/see progress notes documented by CMT X;</p> <p>-On 7/9/21 at 8:00 A.M. alprazolam 1 mg was not administered with a chart code of 9= other/see progress notes documented by CMT W;</p> <p>-On 7/9/21 at 2:00 P.M. alprazolam 1 mg was not administered with a chart code of 9= other/see progress notes documented by CMT W.</p> <p>Review of the resident's nursing notes showed the following:</p> <p>-On 7/8/21 at 9:19 A.M., CMT W documented alprazolam 1 mg, medication not available;</p> <p>-On 7/8/21 at 1:44 P.M., CMT W documented alprazolam 1 mg, medication not available;</p> <p>-On 7/8/21 at 10:44 P.M., CMT X documented alprazolam 1 mg, awaiting pharmacy delivery;</p> <p>-On 7/9/21 at 7:59 A.M., CMT W documented by CMT W alprazolam 1 mg, medication not available;</p> <p>-On 7/9/21 at 1:26 P.M., CMT W documented by CMT W alprazolam 1 mg, medication not available.</p> <p>During an interview on 7/19/21 at 9:50 A.M., Resident #58 said he/she did not receive his/her alprazolam for a few days. He/she had anxiety and paranoid schizophrenia and it was important to get all of his/her medications.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 7/27/21 at 2:03 P.M. and 8/2/21 at 2:36 P.M., the pharmacist from the pharmacy the facility used to fill the Omnicell (an electronic medication dispensing machine) said there had been no medications pulled from the Omnicell for Resident #58 on 7/7/21, 7/8/21, and 7/9/21. The pharmacy received a request for a refill of Resident #58's alprazolam 1 mg on 7/8/21 at 4:00 A.M. from the facility. The pharmacy received a signed prescription for Resident #58's Alprazolam 1 mg on 7/9/21 from the psychiatrist and it was dispensed by the pharmacy on 7/9/21.</p> <p>During an interview on 7/27/21 at 2:40 P.M. CMT U said he/she was not sure where he/she got the 7/7/21 morning dose of Alprazolam 1 mg. Maybe he/she got it from the Omnicell, but he/she does not pull medication from that machine, a charge nurse or the Director of Nursing (DON) pulls medication from the Omnicell. He/She turns in a list of prescriptions that need refilled for residents every Monday to the DON.</p> <p>During an interview on 7/29/21 at 3:48 P.M. CMT V said if he/she charted administering Resident #58's alprazolam 1 mg and it wasn't available in the medication cart, it would have come from the Omnicell. That would be the only place to get the medication if the resident's supply was out. He/She was not sure who the charge nurse was that night that would have pulled the medication from the Omnicell.</p> <p>During an interview on 8/2/21 at 9:14 A.M., CMT W said on 7/8/21 when he/she noticed the resident was out of the medication he/she reported it to the charge nurse. The charge nurse told him/her the facility did not have any available in the Omnicell. The resident was out of the alprazolam for a couple of days. He/She tries to order the alprazolam when the resident is down to eight days' supply. He/She did not order the medication on 7/8/21 because the sticker had been pulled from the medication sheet indicating it had already been ordered. He/She reported to corporate management onsite that the resident was out of alprazolam and that there wasn't any available in the facility in the emergency kit. The resident did have increased anxiety and he/she talked with the resident and explained they were out of the medication and to try and use his/her coping skills.</p> <p>During an interview on 7/27/21 at 4:55 P.M. Licensed Practical Nurse (LPN) A said he/she did remember the resident being out of alprazolam, but could not remember if he/she pulled it from the Omnicell or not. If the resident was out of the medication he/she would have gone to the Omnicell to get the medication.</p> <p>During an interview on 7/29/21 at 4:02 P.M. the representative for the facility from the pharmacy said there were no medications pulled from the Omnicell for Resident #58 on 7/7/21, 7/8/21 and 7/9/21. There was no alprazolam removed from the Omnicell during the week of 7/5/21 through 7/9/21. The last time alprazolam was pulled from the Omnicell for Resident #58 was on 5/7/21.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 7/27/21 at 3:50 P.M. the DON (who acted as charge nurse on 7/8/21 and 7/9/21) said if a staff member notifies her a resident is without a medication she would pull it from the Omnicell. She expected her staff to reorder medications for residents when their supply is down to five days. If the order is faxed to the pharmacy the staff member should make sure the fax was confirmed. She did not know the resident was out of alprazolam until 7/9/21 and that was when she called the physician and got an order for a substitute medication until his/her alprazolam came in. She had to track down the psychiatrist that originally ordered the medication for the resident to get it refilled. She had not worked with or was she familiar with the ordering psychiatrist. She said she had to make several calls before she found out which physician ordered the alprazolam. The DON said she did not have the phone number for the ordering psychiatrist. The ordering psychiatrist had privileges at the facility and made tele visits with residents.</p> <p>During an interview on 8/3/21 at 10:24 A.M., the psychiatrist said he was told by the facility that the resident's primary care physician would not prescribe alprazolam for the resident. The resident would have had increased anxiety by abruptly stopping the alprazolam for a few days. It was nonsense that the DON said she couldn't find the phone number, he was in contact with the facility all the time.</p> <p>2. Record review of Resident #93's care plan, dated 02/02/20, showed the resident had his own teeth, dental consults as needed/ordered for ongoing assessment for mouth/teeth pain and administer medications as ordered.</p> <p>Record review of the resident's quarterly MDS, dated [DATE] showed the resident was cognitively intact.</p> <p>Review of the resident's report of consultation, dated 07/19/21, aftercare instructions after a dental appointment, showed the following:</p> <ul style="list-style-type: none"> -Resident had an upper right extraction (the removal of a tooth from its socket in the bone) ; -Starting 07/20/21, warm, salt water rinses two to three times daily; -Post op instructions attached; resident to return for fillings; -Start refill of amoxicillin (antibiotic) prescribed on 05/10/21; -Start chlorhexidine (disinfectant and antiseptic) 07/20/21. <p>Review of the resident's July 2021 Physician Order Sheet (POS) showed the following:</p> <ul style="list-style-type: none"> -Testosterone cypionate (hormone therapy) 200 mg intramuscularly (IM) every 14 days; original order date of 11/20/20; -Propranolol (generally used to treat high blood pressure) for resting tremor 10 mg daily; original order date of 05/03/21. <p>Review of the resident's July 2021 Medication Administration Record (MAR) showed the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Testosterone cypionate 200 mg IM every 14 days, scheduled for 07/16/21 with no documentation to show staff administered the medication;</p> <p>-Propranolol 10 mg daily, scheduled for 7:00 A.M. ; no documentation a pulse was checked prior to the administration;</p> <p>-No documentation staff administered amoxicillin;</p> <p>-No documentation the resident completed chlorhexidine rinses.</p> <p>Review of the resident's July 2021 Treatment administration Record (TAR) showed the following:</p> <p>-No documentation the resident received warm, salt water rinses two to three times daily;</p> <p>-No documentation the resident completed chlorhexidine rinses.</p> <p>During an interview on 07/19/21 at 10:10 A.M. and 07/20/21 2:00 P.M., the resident said the following:</p> <p>-He/She had not received his/her scheduled testosterone injection as ordered on 07/16/21;</p> <p>-He/She had gone to a dental appointment on 07/19/21 and the transporter would not give him/her the aftercare instructions;</p> <p>-He/She was told by the dental staff he/she was to begin some medication and treatment before his/her next appointment;</p> <p>-Staff had not been giving him/her any new medications or anything related to his/her dental appointment that he/she was aware of.</p> <p>Review of the resident's facility progress notes, dated 07/19/21 through 07/27/21 showed no documentation regarding the resident's dental appointment or after care instructions.</p> <p>Review of the resident's progress notes showed an entry by the pharmacist as follows:</p> <p>-On 07/19/21, a pharmacy note at 12:38 P.M., instructing staff to provide pulse documentation prior to administration with propranolol order to assess effectiveness of the regimen;</p> <p>-On 07/20/21 at 4:13 P.M., resident missed injection due on day shift 07/16/21; resident gets testosterone injection every two weeks.</p> <p>During an interview on 08/05/21 at 9:00 A.M., Transport Driver LL said the following:</p> <p>-Residents are not to have their aftercare paperwork following an appointment;</p> <p>-After a transfer, if he/she receives aftercare paperwork, when he/she returns to the facility, he emails the paperwork to the administrator, assistant director of nursing and medical records;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The physical copy of the paperwork he/she takes to the nursing station;</p> <p>-Often there is no one at the nursing station and he/she just lays it face down on the desk for staff to pick up;</p> <p>-He/She could not recall specifically handing the resident's aftercare paperwork to any staff member, he/she must have just laid it on the desk.</p> <p>During an interview on 07/20/21 at 4:00 P.M. and 07/27/21 at 3:00 P.M., the DON said the following:</p> <p>-He/She was not aware the resident had not received his/her scheduled testosterone injection as ordered. She would expect the charge nurse to administer injections as ordered.</p> <p>-She was not aware of the resident's dental aftercare instructions;</p> <p>-The transporter should have given the instructions to the charge nurse and the charge nurse should have implemented the orders;</p> <p>-The resident's aftercare instructions and orders had not been followed.</p> <p>During an interview on 07/28/21 at 2:26 P.M., agency Licensed Practical Nurse (LPN) M said the following:</p> <p>-He/She had worked on 07/16/21 and would have been the nurse responsible for the testosterone injection administration;</p> <p>-The Certified Medication Technician had not made him/her aware the injection was due or needed;</p> <p>-He/She usually only went to the Homestead unit if staff called for him/her;</p> <p>-He/She had administered the resident his/her testosterone injection on 07/21/21 because it was missed on 07/16/21; he/she was only aware of the need to administer the injection after the DON made him/her aware the injection had been missed;</p> <p>-He/She was also the day shift nurse on duty 07/19/21;</p> <p>-He/She was not aware the resident had gone to a dental appointment, so he/she had not looked for any aftercare instructions.</p> <p>3. Record review of Resident #49's diagnosis sheet showed he/she had diagnoses that included hypertension, heart failure and chest pain.</p> <p>Record review of the resident's July 2021 POS showed the following:</p> <p>-Carvedilol (blood pressure medication) 12.5 mg daily; check BP (blood pressure) and pulse; hold if BP is < 100/60 or pulse is < 60 and notify the physician; order date of 07/06/21;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Digoxin (cardiac medication to treat irregular heart beat) 250 micrograms (mcg) daily; check BP and pulse; hold if BP is < 100/60 or pulse is < 60 and notify the physician; order date of 07/06/21;</p> <p>-Furosemide (diuretic) 20 mg daily; hold if BP is < 100/60 or pulse is < 60 and notify the physician; order date of 07/06/21;</p> <p>-Isosorbide MN ER (used to treat angina/chest pain) 30 mg daily; hold if BP is < 100/60 or pulse is < 60 and notify the physician; order date of 07/06/21.</p> <p>Record review of the resident's July 2021 MAR showed the following:</p> <p>-Carvedilol 12.5 mg daily; check BP and pulse; hold if BP is < 100/60 or pulse is < 60 and notify the physician; scheduled for 8:00 A.M.;</p> <p>-Documentation showed staff administered the medication at 8:00 A.M. 07/06/21 through 07/21/21;</p> <p>-No documentation staff checked the resident's blood pressure or pulse before administration of carvedilol;</p> <p>-Digoxin 250 mcg daily; check BP and pulse; hold if BP is < 100/60 or pulse is < 60 and notify the physician; scheduled for 8:00 A.M.;</p> <p>-Documentation showed staff administered the medication at 8:00 A.M. 07/06/21 through 07/21/21;</p> <p>-No documentation staff checked the resident's blood pressure or pulse before administration of digoxin;</p> <p>-Furosemide 20 mg daily; hold if BP is < 100/60 or pulse is < 60 and notify the physician; scheduled for 8:00 A.M.; documentation showed staff administered the medication at 8:00 A.M. 07/06/21 through 07/21/21;</p> <p>-No documentation staff checked the resident's blood pressure or pulse before administration of furosemide;</p> <p>-Isosorbide MN ER 30 mg daily; hold if BP is < 100/60 or pulse is < 60 and notify the physician; scheduled for 8:00 A.M.;</p> <p>-Documentation showed staff administered the medication at 8:00 A.M. 07/06/21 through 07/21/21;</p> <p>-No documentation staff checked the resident's blood pressure or pulse before administration of isosorbide.</p> <p>Record review of the resident's facility vital sign report showed the following:</p> <p>-No documentation of a pulse check from 07/06/21 through 07/21/21;</p> <p>-No documentation of a BP check from 07/06/21 through 07/21/21.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. Record review of Resident #104's diagnosis sheet showed he/she had diagnoses that included hypertension, anemia, major depressive disorder, constipation, gastro-esophageal reflux disease (GERD) (stomach disorder) and hepatic (liver) failure.</p> <p>Record review of the resident's July 2021 POS showed the following:</p> <ul style="list-style-type: none"> -Propranolol 10 mg three times daily; check pulse and blood pressure prior to administration; hold if BP is < 100/60 or pulse is < 60 and notify the physician; order date of 07/05/21; -Ferrous Sulfate (iron supplement) 325 mg daily; -Furosemide 20 mg daily; -Sertraline (antidepressant) 50 mg daily; -Vitamin K (supplement) 100 mcg daily; -Docusate (stool softener) 100 mg twice daily; -Famotidine (GERD) 20 mg twice daily; give on an empty stomach; -Mucinex ER (loosens mucous) 600 mg twice daily; -Xifaxan (hepatic encephalopathy) (brain disease) 550 mg twice daily; -Sucralfate (GERD) one gram three times daily; give other medications first, then carafate two hours later, carafate will reduce absorption of the medications when given together. <p>Record review of the resident's July 2021 MAR showed the following:</p> <ul style="list-style-type: none"> -Propranolol 10 mg three times daily; check pulse and blood pressure prior to administration; hold if BP is < 100/60 or pulse is < 60 and notify the physician; scheduled for 8:00 A.M.; next dose scheduled for 2:00 P.M.; -On 07/16/21 at 8:00 P.M. staff documented the resident's blood pressure as 90/64; staff documented administering the resident the medication when the medication should have been held; -Ferrous Sulfate (supplement) 325 mg daily; scheduled for 8:00 A.M.; -Furosemide 20 mg daily; scheduled for 8:00 A.M.; -Sertraline 50 mg daily; scheduled for 8:00 A.M.; -Vitamin K 100 mcg daily; scheduled for 8:00 A.M.; -Docusate (stool softener) 100 mg twice daily; scheduled for 8:00 A.M.; next dose scheduled for 4:00 P.M.; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Famotidine 20 mg twice daily; give on an empty stomach; scheduled for 8:00 A.M.; next dose scheduled for 4:00 P.M.;</p> <p>-Mucinex ER 600 mg twice daily; scheduled for 8:00 A.M ; next dose scheduled for 4:00 P.M.;</p> <p>-Xifaxan 550 mg twice daily; scheduled for 8:00 A.M ; next dose scheduled for 4:00 P.M.;</p> <p>-Sucralfate (GERD) one gram three times daily; give other medications first, then Carafate two hours later, Carafate will reduce absorption of the medications when given together; scheduled for 8:00 A.M ; next dose scheduled for 2:00 P.M.</p> <p>Record review of the resident's facility nursing notes showed no documentation the resident's physician was notified about the resident's blood pressure on 07/16/21 at 8:00 P.M.</p> <p>Observation on 07/22/21 at 12:25 P.M. showed the following:</p> <p>-The resident sat at a dining room table with his/her lunch in front of him/her; he/she had taken a few bites;</p> <p>-A plastic medication cup, full of medications, sat on the table to the left of the resident;</p> <p>-The resident was taking medications from the cup and placing them in his/her mouth;</p> <p>-There were three other residents sitting at the dining room table;</p> <p>-Certified Medication Technician (CMT) N stood at the medication cart with his/her back to the resident and approximately 20 feet away.</p> <p>5. Record review of Resident #118's diagnosis sheet showed he/she had diagnoses that included cerebrovascular disease (condition that affects blood flow), schizophrenia (mental illness), dementia, heart disease, osteoarthritis, anemia, diabetes, low back pain, major depressive disorder, bipolar disorder and tremors.</p> <p>Record review of the resident's July 2021 POS showed the following:</p> <p>-Aspirin (blood thinner) 81 mg daily;</p> <p>-Calcium (supplement) 600 mg daily;</p> <p>-Clozapine (antipsychotic) 100 mg, two tablets, daily;</p> <p>-Ferrous Sulfate 325 mg daily;</p> <p>-Tylenol Extra Strength (pain medication) 500 mg, two tablets daily;</p> <p>-Vitamin B-6 (supplement) 100 mg, three tablets daily;</p> <p>-Vitamin D-3 (supplement) 2000 units daily;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Benzotropine Mesylate (used to treat movement disorder) 0.5 mg twice daily;</p> <p>-Lithium Carbonate Capsule (mood stabilizer), 150 mg twice daily;</p> <p>-Metformin (diabetes) 500 mg twice daily;</p> <p>-Robinul (anticholinergic) 1 mg three times daily.</p> <p>Record review of the resident's July 2021 MAR showed the following:</p> <p>-Aspirin 81 mg daily; scheduled for 8:00 A.M.;</p> <p>-Calcium 600 mg daily; scheduled for 8:00 A.M.;</p> <p>-Clozapine 100 mg, two tablets, daily; scheduled for 8:00 A.M.;</p> <p>-Ferrous Sulfate 325 mg daily; scheduled for 8:00 A.M.;</p> <p>-Tylenol Extra Strength 500 mg, two tablets daily; scheduled for 8:00 A.M.;</p> <p>-Vitamin B-6 100 mg, three tablets daily; scheduled for 8:00 A.M.;</p> <p>-Vitamin D-3 2000 units daily; scheduled for 8:00 A.M.;</p> <p>-Benzotropine Mesylate 0.5 mg twice daily; scheduled for 8:00 A.M.; next dose scheduled for 4:00 P.M.;</p> <p>-Lithium Carbonate Capsule 150 mg twice daily; scheduled for 8:00 A.M.; next dose scheduled for 4:00 P.M.;</p> <p>-Metformin 500 mg twice daily; scheduled for 8:00 A.M.; next dose scheduled for 4:00 P.M.;</p> <p>-Robinul 1 mg three times daily; scheduled for 8:00 A.M.; next dose scheduled for 2:00 P.M.</p> <p>Observation on 07/22/21 at 12:27 P.M. showed the following:</p> <p>-The resident sat at a dining room table with his/her lunch in front of him/her;</p> <p>-A plastic medication cup, with one round white tablet, sat on the table to the left of the resident;</p> <p>-CMT N stood at the medication cart with his/her back to the resident and approximately 40 feet away.</p> <p>During an interview on 07/22/21 at 12:40 P.M., CMT N said the following:</p> <p>-He/She was aware he/she was not supposed to leave medications with the residents unattended;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She knew he/she was to watch the residents consume their medications;</p> <p>-He/She had been running behind on the morning medication pass and was in a hurry;</p> <p>-The cup of medications beside Resident #104 was his/her morning medications;</p> <p>-The cup of medication beside Resident #118 was his/her morning medications;</p> <p>-He/She thought he/she had watched the resident take his/her medications. There was more than one pill in the cup when he/she had handed the resident the cup of medications;</p> <p>-Morning medications meant 8:00 A.M. medications.</p> <p>6. Record review of Resident #163's diagnosis sheet showed he/she had a diagnosis that included hypertension.</p> <p>Record review of the resident's July 2021 POS showed an order for Lisinopril (blood pressure medication) 10 mg daily; hold if BP is < 100/60 or pulse is < 60 and notify physician, order date of 07/05/21.</p> <p>Record review of the resident's July 2021 MAR showed the following:</p> <p>-Lisinopril (blood pressure) 10 mg daily; hold if BP is < 100/60 or pulse is < 60 and notify physician scheduled for 8:00 A.M. Documentation showed staff administered the medication at 8:00 A.M. 07/05/21 through 07/27/21;</p> <p>-No documentation staff checked the resident's blood pressure or pulse before administration.</p> <p>Record review of the resident's facility vital sign report showed the following:</p> <p>-No documentation of a pulse check from 07/05/21 through 07/27/21;</p> <p>-No documentation of a BP check from 07/05/21 through 07/27/21.</p> <p>7. Record review of Resident #126's Nutritional Assessment completed by the Registered Dietitian, dated 10/20/20, showed the following:</p> <p>-The resident was to receive health shakes three times daily;</p> <p>-Current weight was 164 pounds (lbs);</p> <p>-Mild nutritional risk due to heart failure, dementia and mild intellectual disability.</p> <p>Record review of the resident's July 2021 POS showed the resident had an order for health shakes three times daily with meals.</p> <p>Review of the resident's July 2021 MAR showed no documentation staff administered the health shake as given or refused. The resident's health shake was not listed on the MAR.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Review of the resident's paper meal ticket during lunch meal service on 07/19/21, 07/20/21 and 07/22/21 showed the resident was to receive a health shake.</p> <p>Record review of Resident #148's July 2021 POS showed the resident had an order for a health shake at lunch; original order date of 07/02/21.</p> <p>Review of the resident's July 2021 MAR showed no documentation staff administered the health shake. The health shake was not listed on the MAR.</p> <p>Review of the resident's paper meal ticket during the lunch meal service on 07/19/21, 07/20/21 and 07/22/21 showed the resident was to be served a health shake.</p> <p>Observation on 07/19/21 at 12:10 P.M. through 1:12 P.M. of the Homestead dining room showed the following:</p> <ul style="list-style-type: none"> -Dietary staff and nursing staff working together to give the residents, including Resident #126 and Resident #148, their lunch meal and drinks; -No observation either staff gave the residents their health shakes as ordered. <p>Observation on 07/20/21 at 12:30 P.M. through 1:38 P.M. of the Homestead dining room showed the following:</p> <ul style="list-style-type: none"> -Dietary staff and nursing staff working together to give the residents, including Resident #126 and Resident #148, their lunch meal and drinks; -No observation either staff gave the residents their health shakes as ordered. <p>Observation on 07/22/21 at 12:00 P.M. through 12:52 P.M. of the Homestead dining room showed the following:</p> <ul style="list-style-type: none"> -Dietary staff and nursing staff working together to give the residents, including Resident #126 and Resident #148, their lunch meal and drinks; -No observation either staff gave the residents their health shakes as ordered. <p>During an interview on 07/22/21 at 1:09 P.M., the Dietary Consultant said the following:</p> <ul style="list-style-type: none"> -Dietary provides the resident's with nutritional supplements as ordered; -The residents that require a nutritional supplement are indicated on their paper meal ticket; -Dietary stores the supplements in the snack refrigerator and nursing was responsible for ensuring residents received these at meal times. <p>8. Review of Resident #16's Face Sheet showed he/she admitted to the facility 10/28/19, and showed a diagnosis of diabetes mellitus (inability to control blood glucose (sugar)) and hypertension (high blood pressure).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's Care Plan, dated 10/31/19, showed the following:</p> <ul style="list-style-type: none"> -Resident has labile blood sugars (glucose) related to diagnosis of diabetes mellitus type II; -Check blood glucose and administer insulin as ordered; -Give insulin with food/substantial snack and ensure consumption; -Monitor and report any signs or symptoms of hyperglycemia (high blood glucose) or hypoglycemia (low blood glucose); -Give medications as ordered. <p>Review of the resident's annual MDS dated [DATE] showed the following:</p> <ul style="list-style-type: none"> -Cognitively impaired; -No behaviors, no rejection of care; -Diagnoses of manic depression and schizophrenia. <p>(No diabetes diagnosis, no insulin injections)</p> <p>Review of the resident's POS, dated July 2021, showed the following:</p> <ul style="list-style-type: none"> -Novolog (a fast acting insulin) 100 units/milliliter (ml), 5 units subcutaneously before meals; -Novolog 100 units/ml, inject per sliding scale, if blood glucose is 0-150 give 0 units, if blood glucose is 151-250 give 3 units; -Lantus (a long acting insulin) 100 units/ml, inject 33 units subcutaneously at bedtime -Hydrochlorothiazide (blood pressure) 12.5 mg daily; hold and notify physician if blood pressure (BP) is less than (<) 100/60 or pulse is < 60; order date of 07/06/21 <p>Review of the resident's Medication Administration Record (MAR), dated July 2021, showed the following:</p> <ul style="list-style-type: none"> -On 7/6/21, 7/9/21, 7/10/21, 7/11/21 no documentation to show staff administered the resident's Novolog 5 units before meals for the 6:30 A.M. dose; -7/7/21 Novolog 5 units before meals 6:30 A.M. dose not administered see note; -7/9/21 at 5:00 A.M. no evidence to show staff obtained a blood glucose level for the resident; -7/9/21 Novolog 5 units before meals 5:00 P.M. no documentation to show staff administered as ordered; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-7/13/21 Novolog 5 units before meals 5:00 P.M. dose not administered see note; -7/18/21 at 6:00 P.M., blood glucose 99; -7/18/21 at 6:00 P.M., Lantus not administered, see administration notes; -7/18/21 at 5:00 P.M., staff recorded the resident's blood glucose as NA; -Hydrochlorothiazide 12.5 mg daily; hold and notify physician if BP is < 100/60 or pulse is < 60; scheduled for 8:00 A.M.; documentation showed staff administered		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
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 0697 Level of Harm - Actual harm Residents Affected - Few	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42594</p> <p>See event ID 9L9W12</p> <p>This deficiency is uncorrected. For previous examples, refer to the Statement of Deficiencies dated 4/15/21.</p> <p>Based on observation, interview, and record review, the facility failed to ensure one resident's (Resident #157) pain medication was scheduled to be administered as recommended by the manufacturer to ensure optimum pain relief, and failed to ensure a system was in place for staff to determine when the resident received the last dose of pain medication, prior to administering the next. The resident reported pain caused him/her inability to sleep and disruption in his/her daily routine. The facility also failed to report the resident's pain to the charge nurse, for further evaluation and intervention, when the resident rated his/her pain at a 5 (pain rated 1-10 with 10 being excruciating pain) or above. The facility census was 159.</p> <p>Review of the facility policy, Pain Monitoring, revised 4/6/17, showed the following:</p> <p>-The purpose of this policy is to ensure that all residents who have pain are identified by assessment and provided interventions to decrease their pain intensity to the resident's acceptable level:</p> <p>-Procedure:</p> <ol style="list-style-type: none"> 1. All residents in the facility will have a pain assessment upon admission and quarterly and as needed to address and determine the following: <ol style="list-style-type: none"> a. Presence of pain; b. Origin of pain; c. If the pain is acute/chronic; d. Frequency of pain; e. Changes in baseline behavior due to pain; f. Acceptable pain level g. Identify the resident's current pain management plan of care; h. Effectiveness of current pain management plan of care; i. Changes required in the plan of care to help lower the resident's pain intensity to no pain or their acceptable pain level; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>2. All residents that are cognitively impaired or unable to answer questions regarding pain will have an assessment to determine if pain signs/symptoms are present that might indicate that the resident is experiencing pain;</p> <p>3. The Resident Care Coordinator (RCC) will develop a pain management list and update it weekly of all residents receiving pain medications routinely and as needed (PRN) pain medications three or more times a week;</p> <p>4. The care plan will reflect the plan of care changes based on the pain management list and interventions;</p> <p>5. The pain management list will be reviewed weekly by a registered nurse (RN) to determine cause of pain, pain medication effectiveness and further interventions if needed in the weekly Nursing Quality Assurance (QA) Meeting;</p> <p>6. The primary care physician will be updated as needed on the effectiveness of the pain management and provide further interventions as deemed necessary;</p> <p>7. All residents receiving routine pain medication will be documented on each shift. If the resident received pain medications three or more times a week, they will be documented on daily and as needed when a pain medication is given.</p> <p>1. Review of www.accessdata.fda.gov/drugs, showed the following:</p> <p>-Morphine sulfate tablets (opioid pain medication) are an opioid agonist indicated for the management of acute and chronic pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate;</p> <p>-Recommended dose for morphine sulfate tablets: 15 to 30 mg every four hours as needed.</p> <p>2. During an interview on 7/27/21, at 4:56 P.M., the administrator said the facility does not have a policy on medication administration times for block time medications or medications with specific time ranges.</p> <p>3. Review of Resident #157's Preadmission Screening and Resident Review (PASRR, a federal requirement to ensure individuals are not inappropriately placed in nursing homes for long-term care), Level II (screening refers to clients with the diagnosis of mental illness or mental retardation), dated 8/18/19, showed the following:</p> <p>-Diagnosis of chronic back pain;</p> <p>-Takes morphine every four hours, as well as Lyrica;</p> <p>-Back pain and right hand pain chronic in nature;</p> <p>-Followed by the pain clinic.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
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 0697 Level of Harm - Actual harm Residents Affected - Few	<p>Review of the resident's Face Sheet showed the resident was admitted to the facility on [DATE] with a diagnosis of pain.</p> <p>Review of the resident's care plan, dated 11/18/19, showed the following:</p> <ul style="list-style-type: none"> -Chronic pain in his/her right hand due to contractures (a condition of shortening and hardening of muscles, tendons, or other tissue, often leading to deformity and rigidity of joints) of the fourth and fifth fingers; -Takes routine pain medications; -Goal: Resident will be able to verbalize adequate relief of pain or the ability to cope with incompletely relieved pain, resident will report new onset of pain to staff promptly; -Administer analgesia (pain medications) medications as ordered; -Give pain medications 30 minutes before treatments or care; -Monitor for worsening pain status; -Physical therapy evaluation and treatment as needed; -Pain management consult. <p>Review of the resident's care plan, updated 1/28/20, showed the following:</p> <ul style="list-style-type: none"> -Pain management consult for low back pain, leg pain and joint pain; -Refer to physical therapy as instructed; -No medication adjustments. <p>Review of the resident's quarterly Minimum Data Set (MDS), a federally required assessment completed by facility staff, dated 6/5/21, showed the following:</p> <ul style="list-style-type: none"> -Cognitively intact; -Diagnosis of pain; -Routine pain medication; -As needed (PRN) pain medication; -Pain present; -At times pain rated an 8 out of 10 (on a scale of 1-10, with 10 being the worst pain imaginable); -Opioids received everyday. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's Physician's Orders, dated 7/5/21, showed an order for morphine sulfate IR (immediate release-effective within approximately 30 minutes with a duration of four to six hours) 15 milligrams (mg) four times a day, scheduled 8:00 A.M.-9:00 A.M., 12:00 P.M.-1:00 P.M., 4:00 P.M.-5:00 P.M., and 8:00 P.M.-9:00 P.M.</p> <p>Review of the resident's care plan, updated 7/7/21, showed the following:</p> <ul style="list-style-type: none"> -Complains of back pain; -Frequently rates pain 10 out of 10; -Takes pain medications regularly. <p>Review of the resident's Medication Administration Record (MAR), dated 7/8/21, for morphine sulfate IR showed the following:</p> <ul style="list-style-type: none"> -Pain level 5 for the 8:00 A.M.-9:00 A.M. dose; -Pain level 7 for the 4:00 P.M.-5:00 P.M. dose; -Pain level 5 for the 8:00 P.M.-9:00 P.M. dose. <p>Review of the resident's MAR, dated 7/10/21, for morphine sulfate IR showed the following:</p> <ul style="list-style-type: none"> -Pain level not applicable (N/A) for the 8:00 A.M.-9:00 A.M. dose; -Pain level N/A for the 12:00 P.M.-1:00 P.M. dose; -Pain level N/A for the 4:00 P.M.-5:00 P.M. dose; -Pain level 7 for the 8:00 P.M.-9:00 P.M. dose. <p>Review of the resident's MAR, dated 7/11/21, for morphine sulfate IR showed the following:</p> <ul style="list-style-type: none"> -Pain level N/A for the 8:00 A.M.-9:00 A.M. dose; -Pain level N/A for the 12:00 P.M.-1:00 P.M. dose; -Pain level N/A for the 4:00 P.M.-5:00 P.M. dose. <p>Review of the resident's MAR, dated 7/12/21, for morphine sulfate IR showed the resident's pain level was a 5 for the 12:00 P.M.-1:00 P.M. dose.</p> <p>Review of the resident's MAR, dated 7/16/21, for morphine sulfate IR showed the resident's pain level 5 for the 8:00 P.M.-9:00 P.M. dose.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's Nurses Notes and electronic Medication Administration Record (eMAR) Notes, dated 7/8/21-7/16/21, did not show further evaluations of the resident's pain when the resident reported his/her pain level at, or above, a 5. Record review showed no documentation that the resident's pain level at, or above, a 5 was reported to the charge nurse or the physician.</p> <p>During an interview on 7/19/21, at 4:35 P.M., the resident said the following:</p> <ul style="list-style-type: none"> -He/She was told his/her morphine schedule changed to 8:00 A.M., 12:00 P.M., 4:00 P.M., and 8:00 P.M.; -Some staff tell him/her it is 7:00 A.M., 11:00 A.M., 3:00 P.M., and 7:00 P.M. -It was frustrating to not know his/her medication schedule because he/she tries to make sure he/she is around for the certified medication technician (CMT) when his/her medication is due so they do not have to find him/her; -He/She feels like staff do not care. <p>During an interview on 7/20/21, at 4:45 P.M., CMT D said the following:</p> <ul style="list-style-type: none"> -The resident's morphine was now scheduled in shorter ranges 8:00 A.M.-9:00, 12:00 P.M.-1:00 P.M., 4:00 P.M.-5:00 P.M., and 8:00 P.M.-9:00 P.M.; -Staff have an hour before and after those ranges to administer the morphine so it can be administered from 7:00 A.M.-10:00 A.M., 11:00 A.M.-2:00 P.M., 3:00 P.M.-6:00 P.M., and 7:00 P.M.-10:00 P.M.; -He/She tries to space the doses out at least two to three hours apart when he/she worked, but if something happens and it is busy on the unit, he/she cannot space them out as well; -There was no alert, directions, or documentation for staff that would prevent the resident from getting the medication one hour apart. With the current scheduling, the resident could get a dose at 10:00 A.M. and another dose at 11:00 A.M.; -He/She does not know if the staff on the next shift could see when the morphine was given the shift before; staff can just see the scheduled dose was given; -He/She does not know the manufacturer's recommended dose spacing for most effective pain relief for morphine; -He/She said staff report any pain residents report that is 5 or greater, or if it is new pain, to the charge nurse. <p>During an interview on 7/20/21, at 4:50 P.M., the Facility Advisory Nurse (facility corporate nurse) said the following:</p> <ul style="list-style-type: none"> -The resident's morphine is scheduled 8:00 A.M.-9:00, 12:00 P.M.-1:00 P.M., 4:00 P.M.-5:00 P.M., and 8:00 P.M.-9:00 P.M.; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Staff have one hour before and one hour after the time ranges to administer the morphine;</p> <p>-He/She does not know how staff ensure the doses are spaced apart, or if staff can give the morphine one hour apart.</p> <p>During an interview on 7/22/21, at 9:50 A.M., the resident said the following:</p> <p>-His/Her lower spine has one vertebra that presses against his/her spine, and a disc that is not in the right place, it's L shaped and he/she can feel it poking out of his/her back;</p> <p>-The surgeon said they cannot operate because of the high risk of paralysis due to where the problem was located;</p> <p>-Once in a while, he/she gets his/her morning dose of morphine at 7:00 A.M.;</p> <p>-Most of the time he/she gets his/her morning dose of morphine between 8:30 A.M. to 9:00 A.M.;</p> <p>-He/She has been getting the lunch time dose between 11:00 A.M. and noon, so that dose was usually two or three hours after the first dose;</p> <p>-He/She has been getting his/her next dose between 3:00 P.M.-4:00 P.M., which was three to four hours from the noon dose;</p> <p>-His/Her last dose was usually between 7:00 P.M.-8:00 P.M., three to four hours from the last dose;</p> <p>-He/She gets all four of his/her doses of morphine in 12 hours or less and does not get any morphine for the other 12 hours of the day;</p> <p>-If he/she takes the last dose at the latest time around 8:00 P.M. then he/she does not get another dose until the morning which may be 9:00 A.M. which was 13 hours;</p> <p>-He/She has chronic pain so the pain never goes away completely;</p> <p>-A pain rating of 3-4 was the lowest his/her pain goes and was acceptable for him/her; he/she can function well at a 3-4;</p> <p>-Most of the time, staff do not ask him/her his/her pain level;</p> <p>-When he/she wakes up in the morning, around 7:00 A.M., his/her pain was usually at an 8 and he/she has to wait until 8:00 A.M.-9:30 A.M. to get his/her first dose for the day;</p> <p>-The CMTs do not administer his/her pain medications until they get around to it irregardless of what he/she has to say;</p> <p>-When his/her pain was at a 5, he/she was definitely in pain and uncomfortable;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-When his/her pain level is at 6, he/she cannot sit, stand or lay too long, and the pain consumes his/her thoughts. He/She has to constantly change positions and cannot stay in one place, which makes it hard to do anything;</p> <p>-He/She wakes up most nights in pain around 3:00 A.M. or 4:00 A.M. and he/she cannot get comfortable, and cannot get back to sleep;</p> <p>-He/She requests Tylenol (pain medication) at times when he/she wakes up in pain, but may never get it depending on how busy the night nurse is; it doesn't really help anyway;</p> <p>-Before the resident was at this facility, he/she received his/her morphine six times a day. Since it is now four times a day, it would help at night if the doses were spaced out more, at least every 5 hours if possible, so maybe it would not wear off in the middle of the night;</p> <p>-There is not a nurse assigned to his unit, the nurse has Meadowbrook and Homestead which is half of the building. The resident said if he/she requests anything during the night it may be hours before the nurse comes to the unit, if the nurse comes at all. The resident said he/she has reported it, but nothing is done about his breakthrough pain;</p> <p>- He/she did not request more medication or a higher dosage, he/she is frustrated with the scheduling/timing because it is not holding him/her through the night.</p> <p>Review of the resident's MAR, dated 7/24/21, for morphine sulfate IR showed the following:</p> <p>-Pain level 5 for the 8:00 A.M.-9:00 A.M. dose;</p> <p>-Pain level 5 for the 12:00 P.M.-1:00 P.M. dose.</p> <p>Review of the resident's MAR, dated 7/25/21, for morphine sulfate IR showed the following:</p> <p>-Pain level 5 for the 8:00 A.M.-9:00 A.M. dose;</p> <p>-Pain level 5 for the 12:00 P.M.-1:00 P.M. dose;</p> <p>-Pain level 5 for the 4:00 P.M.-5:00 P.M. dose;</p> <p>-Pain level 5 for the 8:00 P.M.-9:00 P.M. dose.</p> <p>Review of the resident's Nurses Notes and electronic Medication Administration Record (eMAR) Notes, dated 7/24/21-7/25/21, did not show further evaluations of the resident's pain when the resident reported his/her pain level at, or above, a 5. Record review showed no documentation the resident's pain level at or above a 5 was reported to the charge nurse or the physician. Pain scores were documented by several staff members, including the DON, nurses, and CMTs.</p> <p>During an interview on 7/27/21, at 4:05 P.M., the Assistant Director of Nursing/Charge Nurse said the following:</p> <p>-The CMT should report a resident's pain over a 5 to the charge nurse;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-If there is a PRN (as needed) medication or intervention that has not been tried, then the charge nurse would try it;</p> <p>-The charge nurse would reevaluate if the medication or intervention was effective;</p> <p>-If not relieved or no PRN medication or intervention was available to try, then the charge nurse would call the resident's physician;</p> <p>-Staff would document all findings and notifications in the Nurses Notes.</p> <p>During an interview on 7/22/21, at 4:39 P.M., the Director of Nursing (DON) said the following:</p> <p>-The resident's morphine was scheduled 8:00 A.M.-9:00 A.M., 12:00 P.M.-1:00 P.M., 4:00 P.M.-5:00 P.M., and 8:00 P.M.-9:00 P.M.;</p> <p>-Ideally, staff should administer the resident's morphine between those time ranges;</p> <p>-Staff have an hour before and after those ranges to administer the morphine so it can be administered from 7:00 A.M.-10:00 A.M., 11:00 A.M.-2:00 P.M., 3:00 P.M.-6:00 P.M., and 7:00 P.M.-10:00 P.M.;</p> <p>-The eMAR documents a check mark in the box if the medication was administered, but not the time administered;</p> <p>-He/She was not sure if staff could see the previous times administered;</p> <p>-Pain that is rated at 5 or above is considered uncontrolled pain and needs to be addressed by the charge nurse;</p> <p>-Staff should document that the pain was reported to the charge nurse in the eMAR notes;</p> <p>-The charge nurse should evaluate the resident's pain and see if there are any other interventions that have not been attempted;</p> <p>-Staff should report unresolved pain at a 5 or above to the DON and the physician to see what can be done to attempt to relieve the resident's pain;</p> <p>-All notifications are documented in the Nurses Notes or the eMAR notes.</p> <p>During an interview on 7/27/21, at 5:21 P.M., the administrator said the following:</p> <p>-Uncontrolled pain is defined in the policy at the pain level 5;</p> <p>-She was not sure if the policy says pain greater than 5 or 5 and greater,</p> <p>-If there is uncontrolled pain, the CMT should report it to the charge nurse;</p> <p>-The charge nurse would evaluate to see what can be done, if no options to try, would then notify the DON and the physician.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
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 0697 Level of Harm - Actual harm Residents Affected - Few	<p>During an interview 8/1/3/21, at 4:00 P.M., the resident's physician said the following:</p> <ul style="list-style-type: none"> -He/She expects staff to monitor resident pain levels; -If a resident has pain described at greater than a 5 on a 1-10 scale more than a one time complaint, staff should make the provider aware so the resident's pain can be re-evaluated; -There is a provider in the building twice weekly and it could be addressed within a reasonable time; -Residents should not wake up from pain, and pain should not effect the resident's ADL's; -The resident may benefit from scheduling his/her pain medication every 6 hours to provide more consistent pain control. <p>MO00186587</p> <p>MO00186787</p> <p>MO00187105</p> <p>MO00184728</p> <p>MO00187868</p> <p>MO00188232</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42594</p> <p>See event ID 9L9W12</p> <p>This deficiency is uncorrected. For previous examples, refer to the Statement of Deficiencies dated 4/15/21.</p> <p>Based on observation, interview, and record review, the facility failed to ensure meals were served to meet the needs of the residents. The facility failed to provide correct portion sizes at meals and failed to prepare and serve food items listed on the spreadsheet menu. The facility census was 159.</p> <p>Review of the undated facility policy, Standard Portions, showed the following:</p> <ul style="list-style-type: none"> -Uniform food portions shall be established for each diet and served to all residents; -Provide proper equipment for portioning out the correct quantity of food for the residents; -Instruct all dietary employees in the procedure of standardized portions; -Recipes and menus will have appropriate portions noted; -The dietary manager will monitor the cooks and their use of portion control utensils on tray line; -Dietary employees will follow the portion sizes listed in the menu binder. <p>Review of the undated facility policy, Serving Utensils, showed the following:</p> <ul style="list-style-type: none"> -Read menu and recipe to determine serving sizes needed; -When necessary, have an ounce scale on tray line to weigh meat. <p>1. Review of the Diet Roster-By Diet, dated 7/19/21, showed 108 residents on a regular diet and 35 residents on a CCHO (consistent carbohydrate) diet.</p> <p>Review of the Diet Spreadsheet for lunch on 7/19/21 showed staff were to serve residents on a regular diet and residents on a CCHO diet a 3-ounce serving of [NAME] pork chop.</p> <p>Review of the recipe for [NAME] pork chop showed a 4-ounce boneless pork chop listed in the ingredients. The portion size to be served after cooking was a 3-ounce pork chop.</p> <p>Observation on 7/19/21 at 11:12 A.M. showed a box of bone-in pork chops sat on the food preparation counter. Each pork chop contained bones and the pork chops were cut very thin.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 7/19/21 at 12:36 P.M. showed the Dietary Manager prepared residents' meal trays from the steam table. He/She placed one bone-in pork chop on each plate.</p> <p>Observation on 7/19/21 at 12:49 P.M. showed Dietary Staff R weighed one cooked bone-in pork chop. The pork chop weighed 2.5 ounces (bone included).</p> <p>Observation on 7/19/21 at 12:53 P.M. showed the Dietary Manager continued to prepare residents' meal trays from the steam table. He/She placed one bone-in pork chop on each plate.</p> <p>Observation on 7/19/21 at 1:26 P.M. showed the lunch meal service was completed in the main kitchen. Staff placed one bone-in pork chop on plates for residents on regular and CCHO diets.</p> <p>During interviews on 7/20/21 at 10:10 A.M. and on 7/22/21 at 10:32 A.M., the Dietary Manager said she was unaware a single bone-in pork chop only weighed 2.5 ounces. She thought the bone-in pork chop resembled breakfast chops because they were so thin. She believed the food vendor accidentally selected the bone-in chops instead of the boneless chops for their delivery, and they had to utilize the pork chops that they had in stock for the meal. Staff should use the dietary spreadsheet and recipes to determine how to prepare and serve the meal.</p> <p>During an interview on 7/22/21 at 11:04 A.M., the Dietary Consultant said the bone-in chop was delivered instead of the boneless pork chop. Staff should have weighed the pork chop if the serving size was questionable.</p> <p>2. Review of Resident #122's July 2021 Physician Order Sheet (POS) showed a physician ordered diet of regular food, large portions.</p> <p>Review of the Diet Roster, dated 7/19/21, showed the resident had a physician's order for a regular diet and was to receive large portions.</p> <p>During an interview on 07/19/21 at 10:41 A.M., the resident said the following:</p> <p>-He/She does not get enough food to eat; he/she requires more food;</p> <p>-There are times he/she goes hungry;</p> <p>-If snacks are provided, he/she sometimes gets extras from other residents who don't want the snack and he/she keeps them in his/her bedside table. (Observation showed the resident had a packaged string cheese stick in his/her bedside table that he/she said he/she had received two days prior).</p> <p>Observation of the resident's tray ticket for lunch on 7/19/21 showed staff were to serve the resident large portions.</p> <p>Review of the diet spreadsheet for lunch on 7/19/21 showed residents on a regular diet should receive the following:</p> <p>-[NAME] pork chop, 3 ounces;</p> <p>-One baked potato with sour cream;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Broccoli, 4 ounces (1/2 cup);</p> <p>-Caramel brownie (3-inch by 3-inch serving);</p> <p>-Cornbread/margarine, 3-inch by 2-inch serving.</p> <p>(The spreadsheet did not direct staff on the portion sizes to serve to residents with physician orders for large portions.)</p> <p>Observation on 7/19/21 at 12:29 P.M. showed the resident received one thin bone-in pork chop, one small baseball-size baked potato, a #16 scoop (2 ounces) of steamed broccoli, approximately 1.5 inch by 1.5 inch piece of cornbread, and a 1 inch by 1 inch brownie.</p> <p>Review of the diet spreadsheet for lunch on 7/22/21 showed residents on a regular diet should receive the following:</p> <p>-Resident's Choice, 3-ounces protein;</p> <p>-Resident's Choice, two grain;</p> <p>-Resident's Choice, one vegetable;</p> <p>-Resident's Choice, one fruit.</p> <p>(The spreadsheet did not direct staff on the portion sizes to serve to residents with physician orders for large portions.)</p> <p>Observation on 7/22/21 at 12:42 P.M. showed the resident received one hamburger on a bun, one scoop of baked beans and one scoop of coleslaw. (The resident received a single portion, same as served to other residents, for his/her meal.)</p> <p>During an interview on 07/22/21 at 12:58 P.M., Dietary Staff II said everyone in the Homestead dining room was on a regular diet with no alterations.</p> <p>3. Review of the Diet Spreadsheet for lunch on 7/19/21 showed staff were to serve residents on a regular diet cornbread and margarine with the meal.</p> <p>Observation on 7/19/21 at 12:26 P.M. just prior to start of the lunch meal service, showed a pan containing cut squares of cornbread sat on the counter near the steam table.</p> <p>Observation on 7/19/21 at 1:09 P.M. showed the Dietary Manager and Dietary Staff S began plating trays for the lunch meal for the residents in the Hangout.</p> <p>During an interview on 7/19/21 at 1:09 P.M., the Dietary Manager said all the residents who ate in the Hangout were on a regular diet. Residents who dined in the Hangout and chose the main meal (meal identified on the spreadsheet menu) should receive all the items on the regular menu, unless they disliked an item or were allergic to an item.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 7/19/21 between 1:09 P.M. and 1:26 P.M. showed staff did not serve the residents, who chose the regular meal and dined in the Hangout, any cornbread and margarine with the lunch meal.</p> <p>4. Review of the spreadsheet menu for lunch on 7/20/21 showed residents on a regular diet were to receive a #8 dip (4-ounce or 1/2 cup) serving of fruit crumble.</p> <p>Observation on 7/20/21 at 11:24 A.M. showed Dietary Staff S and Dietary Staff Z used a #12 dip (1/3 cup) utensil to place prepared fruit crumble into individual bowls on a sheet pan.</p> <p>Observation on 7/20/21 between 11:51 A.M. and 1:15 P.M. showed staff served residents on a regular diet a 1/3 cup serving of fruit crumble instead of a 1/2 cup serving as directed by the dietary spreadsheet.</p> <p>5. Review of the Diet Roster-By Diet, dated 7/19/21, showed 13 residents on a mechanical soft diet.</p> <p>Review of the spreadsheet menu for lunch on 7/20/21 showed residents on a mechanical soft diet were to receive a ground chicken fajita with salsa.</p> <p>Review of the recipe for ground chicken fajita with salsa showed to serve, place #8 dip (1/2 cup) ground chicken in center of an 8-inch flour tortilla. Top chicken with one tablespoon each of shredded cheese, finely shredded lettuce and sour cream. Roll up and cut in quarters. Ladle 1-ounce to 2-ounce salsa over the four quarters and serve immediately. Serve with sauteed peppers and onions.</p> <p>Observation on 7/20/21 at 11:59 A.M. showed Dietary Staff AA placed pans of food in the steam table in the Assist to Dine/Fine Dining room. No shredded lettuce or sauteed peppers and onions were available to serve in the dining room serving area.</p> <p>Observation on 7/20/21 between 12:13 P.M. and 1:15 P.M. showed Dietary Staff AA served residents in the Assist to Dine/Fine Dining room. Dietary Staff AA served all residents on a mechanical soft diet one scoop of ground chicken placed directly on the plate and topped with cheese. Dietary Staff AA did not serve lettuce, sour cream, salsa, a flour tortilla, or sauteed peppers and onions, as directed by the recipe, to the residents.</p> <p>During an interview on 7/22/21 at 10:25 A.M., Dietary Staff AA said staff should look at the diet spreadsheet and recipe book to know what items to serve in the assist to dine dining room. The cook mainly looked at the recipe book. The cooks prepared an item from the recipe and provided pans of food for the cart that goes to each dining room. He/She wasn't aware the tortilla or salsa were to be offered with the mechanical soft chicken fajita for Tuesday's lunch. He/She wasn't aware lettuce was to be offered with the chicken fajita. He/She had always been told to double check with the recipe book, but didn't look at it for that meal.</p> <p>6. Review of the spreadsheet menu for lunch on 7/20/21 showed residents on a mechanical soft diet were to receive fried rice with gravy.</p> <p>Review of the recipe for fried rice with gravy showed to combine gravy mix according to package directions. Serve hot. Portion 1/2 cup fried rice onto plate; ladle 2-ounces gravy over rice. Serve.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 Silva Lane Moberly, MO 65270	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 7/20/21 at 11:59 A.M. showed Dietary Staff AA placed pans of food in the steam table in the Assist to Dine/Fine Dining room. No gravy was available to serve over the fried rice in the dining room serving area.</p> <p>Observation on 7/20/21 between 12:13 P.M. and 1:15 P.M. showed Dietary Staff AA served residents in the Assist to Dine/Fine Dining room. Dietary Staff AA served all residents on a mechanical soft diet a scoop of fried rice. Staff did not prepare gravy and did not serve gravy over the fried rice as directed by the recipe and spreadsheet menu.</p> <p>During an interview on 7/22/21 at 10:25 A.M., Dietary Staff AA said he/she wasn't aware gravy should have been served over fried rice for the residents on a mechanical soft diet. Staff should look at the diet spreadsheet and recipe book to know what items to serve in the assist to dine dining room. The cook mainly looked at the recipe book. The cooks prepared an item from the recipe and provided pans of food for the cart that goes to each dining room. He/She had always been told to double check with the recipe book, but didn't look at it for that meal.</p> <p>During an interview on 7/22/21 at 11:08 A.M., the Corporate Dietary Consultant said gravies and sauces should be placed on top of food items per the dietary spreadsheet.</p> <p>7. Review of the Diet Roster-By Diet, dated 7/19/21, showed five residents on a pureed diet.</p> <p>Review of the spreadsheet menu for lunch on 7/20/21 showed residents on a pureed diet were to receive 3/8 cup (#10 dipper or 3.25 ounces) of pureed fried rice.</p> <p>Observation on 7/20/21 at 11:59 A.M. showed Dietary Staff AA placed pans of food in the steam table in the Assist to Dine/Fine Dining room. A 1/4 cup (#16 dipper or 2 ounces) utensil sat in the pan of pureed fried rice.</p> <p>Observation on 7/20/21 at 1:10 P.M. showed Dietary Staff AA served residents on a pureed diet a #16 dipper of pureed fried rice. All residents on a pureed diet received a 1/4 cup serving of pureed fried rice instead of a 3/8 cup as directed by the diet spreadsheet.</p> <p>During an interview on 7/22/21 at 10:25 A.M., Dietary Staff AA said staff should look at the diet spreadsheet and recipe book to know what items to serve in the assist to dine dining room. He/She had always been told to double check with the recipe book, but didn't look at it for that meal.</p> <p>MO00186787</p>		