

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265251	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2024
NAME OF PROVIDER OR SUPPLIER Villa at Blue Ridge, The		STREET ADDRESS, CITY, STATE, ZIP CODE 701 Blue Ridge Road Columbia, MO 65201	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42815</p> <p>Based on observation, interview and record review, facility staff failed to revise the care plan after a fall for three resident's (Resident #1, #2, #3) out of three resident's. The facility census was 76.</p> <p>1. Review of the facility's policy titled, RAI Guidelines, undated, showed staff were directed to do the following:</p> <ul style="list-style-type: none"> -The Minimum Data Set (MDS) Coordinator is responsible to review all Care Area Assessment (CAA) documentation, consult with other Interdisciplinary Team (IDT) members, and make recommendations for further assessment and follow up as appropriate; -The resident plan of care is considered a dynamic interdisciplinary document and is to be used as a communication tool for all staff providing care; -Information relevant to the resident's plan of care should be communicated to the charge nurse and MDS Coordinator. Written communication is maintained on care plans and updated as appropriate by the MDS Coordinator or by members of the interdisciplinary team as assigned by the Registered Nurse (RN) Coordinator. <p>2. Review of Resident #1's Quarterly MDS, a federally mandated assessment tool, dated 05/28/24, showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Moderate cognitive impairment; -Did not contain documentation of a fall since admission. <p>Review of the resident's care plan, dated 03/05/24, showed it did not contain documentation of a new intervention after the fall.</p> <p>Review of the resident's medical records, dated 05/30/24, showed staff documented the resident had an unwitnessed fall.</p> <p>3. Review of Resident #2's Quarterly MDS, dated [DATE], showed staff assessed the resident as follows:</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Severe cognitive impairment;</p> <p>-Had one non-injury fall since admission.</p> <p>Review of the resident's care plan, dated 07/15/23, showed it did not contain documentation of a new intervention after the fall.</p> <p>Review of the resident's medical records, dated 4/23/24, showed staff documented the resident had an unwitnessed fall.</p> <p>4. Review of Resident #3's Quarterly MDS, dated [DATE], showed staff assessed the resident as follows:</p> <p>-Cognitively intact;</p> <p>-Had one non-injury fall and one fall with injury since admission.</p> <p>Review of the resident's care plan, dated 04/04/24, showed it did not contain documentation of a new intervention after the fall.</p> <p>Review of the resident's medical records, dated 6/15/24, showed the resident had an unwitnessed fall.</p> <p>During an interview on 07/08/24 at 12:15 P.M., Licensed Practical Nurse (LPN) A said the MDS Coordinator was responsible to update the resident's care plan after a fall. He/She said he/she would expect a new intervention to be added to the care plan after each fall.</p> <p>During an interview on 07/08/24 at 12:33 P.M., the MDS Coordinator said he/she was responsible to update the resident care plans. He/She said the care plans should be updated daily when needed. He/She said a new intervention should be added to the care plan after each fall. He/She said he/she was experiencing health issues and may have missed adding the new interventions after the resident's had a fall.</p> <p>During an interview on 07/08/24 at 12:37 P.M., the Director of Nursing (DON) said the MDS Coordinator was responsible to update resident care plans with new interventions after each fall. He/She said staff meet each morning to discuss resident concerns, including falls and interventions. He/She said he/she signed off on the care plans, but did not verify if the information was correct. He/She said he/she did not know who was responsible to audit for accuracy, but believed it may be the corporate nurse. He/She said he/she did not know why new interventions were not updated on the resident's care plan after a fall.</p> <p>During an interview on 07/08/24 at 12:43 P.M., the administrator said the MDS Coordinator was responsible to update the resident's care plan with new interventions after each fall. He/She said nursing staff have daily meetings to discuss new falls and new interventions. He/She said the DON was responsible to audit the resident's care plan for accuracy.</p> <p>MO00238253</p>		