

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  06/20/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, facility staff failed to notify three resident's (Resident #1, #3 and #4) out of five sampled resident's representative and/or physician after a change in condition. The facility census was 80.</p> <p>1. Review showed the facility did not provide a policy for notifying family or physician after a change in condition.</p> <p>2. Review of Resident #1's quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 04/17/25, showed staff assessed the resident as severely cognitively impaired and did not assess the resident with a fall since admission.</p> <p>Review of the facility's event report, dated 05/04/25 at 2:32 A.M., showed staff documented the resident fell. The report did not contain documentation staff notified the physician or the family related to the fall. The report contained documentation, dated 05/04/25 at 2:57 P.M., the resident's family member reported staff did not contact him/her of the fall or that he/she was sent to the hospital.</p> <p>Review of the facility's event report, dated 05/16/25, showed the resident had a fall. The report did not contain documentation staff notified the physician or family was notified of the fall.</p> <p>Review of the resident's progress notes, dated 05/15/25, showed staff documented the resident's family expressed concerns about lack of communication by facility staff in regards to one of the falls during a care plan meeting.</p> <p>3. Review of Resident #3's quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact staff did not assess the resident with two or more injury falls since admission.</p> <p>Review of the resident's progress notes, dated 03/22/25, showed staff documented the resident fell. Review of the progress notes showed did not contain documentation the physician or family were notified of the fall.</p> <p>Review of the facility's event report, dated 03/22/25, showed the report did not contain documentation the physician or family was notified of the fall.</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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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>4. Review of Resident #4's annual MDS, dated [DATE], showed staff did not assess the resident's Brief Interview for Mental Status (BIMS), and Did not assess the resident with a five percent weight loss in the past month or ten percent or more in the past six months.</p> <p>Review of the resident's weight chart, dated 03/10/25, showed staff assessed the resident's weight 105 pounds (lbs).</p> <p>Review of the resident's weight chart, dated 04/25, showed staff documented the resident's weight 97 lbs (7.62% weight loss from 03/10/25 through 04/25).</p> <p>Review of the resident's medical record did not contain documentation staff notified the resident's family and/or representative of the weight loss.</p> <p>5. During an interview on 06/20/25 at 3:30 P.M., Licensed Practical Nurse (LPN) B said if a resident exhibited a change in condition, the aide would notify the nurse and the nurse would assess the resident, contact the physician if necessary and the family or guardian.</p> <p>During an interview on 6/20/25 at 12:14 P.M., the administrator said staff are directed to contact the resident's physician and responsible party if a resident experienced a change in condition.</p> <p>During an interview on 6/20/25 at 12:15 P.M., the Director of Nursing (DON) said if resident experienced a change in condition, staff should notify the resident's physician and responsible party.</p> <p>MO00255965 and MO00255753</p>		

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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, facility staff failed to review and update the plan of care with changes in the residents' care needs for four residents (Residents #1, #2, and #3) out of five sampled residents, and failed to update the plan of care on a quarterly basis for two resident (Resident #2 and #3) out of five sampled residents. The facility census was 80.</p> <p>1. Review of the Facility's Care Plan Comprehensive policy, undated, showed staff are directed as follows:</p> <ul style="list-style-type: none"> <li>-The purpose of an individualized comprehensive care plan that includes measurable goals and time frames will be developed to meet the resident's highest practicable physical, mental, and psychosocial well-being;</li> <li>-The comprehensive care plan will be based on a thorough assessment that includes, but is not limited to, the MDS (Minimum Data Set);</li> <li>-Assessment of each resident is ongoing process and the care plan will be revised as changes occur in the resident's condition;</li> <li>-The interdisciplinary care plan team is responsible for the periodic review and updating of care plans when: a significant change in the resident's condition has occurred, at least quarterly; and when changes occur that impact the resident's care (i.e., change in diet, discontinuation of therapy, changes in care areas that do not require a significant change assessment).</li> </ul> <p>2. Review of Resident #1's quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 04/17/25, showed staff assessed the resident with severe cognitive impairment. Review showed staff did not asses as the resident with a fall since admission.</p> <p>Review of the resident's medical record, dated 05/04/25, showed staff documented the resident fell and sent him/her to the emergency room for evaluation.</p> <p>Review of the resident's care plan, dated 04/16/25, showed staff assessed the resident at risk for falls due to weakness and cognitive impairment. The care plan did not contain documentation of new interventions after the fall on 05/04/25.</p> <p>3. Review of Resident #2's significant change MDS, dated [DATE], showed staff assessed the resident as cognitively intact. Review showed staff did not assess the resident with a five percent weight loss in the past month or ten percent or more in the past six months.</p> <p>Review of the Physician Order Summary (POS), undated, did not contain documentation of an order to monitor or address the resident's weight loss.</p> <p>Review of the resident's medical record, dated 05/08/25, showed a 5.7% weight loss from the prior month.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's care plan, dated 01/22/25, did not contain documentation the care plan was updated on a quarterly basis. The care plan did not contain documentation of a weight loss intervention until 06/20/25.</p> <p>4. Review of Resident #3's quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact and did have two or more injury falls since admission.</p> <p>Review of the resident's medical record, dated 03/22/25, showed the resident had a fall.</p> <p>Review of the resident's care plan, last revised 02/08/25, showed the care plan did not contain documentation the care plan was updated on a quarterly basis. The care plan did not contain documentation of a new intervention of a fall after 01/31/25.</p> <p>5. During an interview on 6/20/25 at 12:14 P.M., the administrator said the care plans should be updated when there was a significant change, quarterly and annually. He/She said there should be a new intervention after each fall and when there is a significant change in weight with new interventions. He/She said nurses and the MDS Coordinator would update the care plan. He/She said a new MDS Coordinator was recently hired. He/She said the Director of Nursing (DON) would be responsible to verify care plans are updated when a resident experienced a change in condition or quarterly and annually.</p> <p>During an interview on 6/20/25 at 12:14 P.M., the DON said the MDS Coordinator and nurses should update the care plans after a significant change, quarterly and annually. He/she said there should be a new intervention after each fall and when there is a significant change in weight. He/She said the MDS Coordinator is new to his/her position. He/She said he/she was responsible to audit to ensure care plans have been updated or revised. He/She said he/she did not have an excuse for the oversight of not verifying care plans were updated after a significant changed or quarterly and annually.</p> <p>MO00255965 and MO00255753</p>		