

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265258	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2025
NAME OF PROVIDER OR SUPPLIER Bellevue Valley Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 23144 Highway 32 Bellevue, MO 63623	

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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265258	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2025
NAME OF PROVIDER OR SUPPLIER Bellevue Valley Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 23144 Highway 32 Bellevue, MO 63623	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Based on observation, interview, and record review, the facility failed to provide adequate supervision and to ensure the resident environment was free from accident hazards for one resident (Resident #1), who had been assessed as needing supervision for smoking, was observed smoking in his/her room on several occasions while receiving supplemental oxygen via a nasal cannula, and failed to investigate the source of the smoking materials (lighters and cigarettes). The resident sustained 2nd degree burns while smoking in his/her room, putting the entire building and its occupants in danger. The facility census was 86. The administration was notified on 10/20/25 at 4:55 P.M. of an Immediate Jeopardy (IJ) which began on 10/13/25. The IJ was removed on 10/21/25, as confirmed by surveyor onsite verification. Record review of the facility's undated smoking policy showed:- Smoking is only permitted in the designated smoking areas under the supervision of a staff member assigned by the charge nurse each shift;- Staff to instruct the resident about the facility policy on smoking including locations, times and safety concerns;- No cigarettes or cigarette lighters are to be kept in the resident rooms;- Staff are to immediately notify the unit charge nurse if it is suspected a resident has violated the facility smoking policy or if the resident clothing or skin show signs of cigarette burns;- The Minimum Data Set (MDS) nurse will update the care plan with any changes in the residents' capabilities or needs. Review of Resident #1's facility admission agreement included a form entitled Rules and Regulations, which showed: - The resident understands smoking is permitted in this facility; it is permitted in designated areas of the facility only. All lighters and matches shall be kept at the nurse's station;- Residents may not keep lighters and matches or cigarettes in their rooms or on the person;- Resident #1 initialed the document as received and understood on 04/18/24. Review of Resident #1's quarterly MDS, a federally mandated assessment instrument required to be completed by the facility staff, dated 08/22/25 showed:- Diagnoses of chronic obstructive pulmonary disease (COPD) (a chronic lung disease that causes progressive damage to the airways and air sacs in the lungs), schizoaffective disorder (a chronic mental health condition combining symptoms of schizophrenia, such as hallucinations and delusions, with symptoms of a mood disorder, like bipolar disorder or depression), borderline personality disorder (a personality disorder characterized by severe mood swings, impulsive behavior, and difficulty forming stable personal relationships), intermittent explosive disorder (a mental health condition characterized by recurrent episodes of impulsive, aggressive, and violent behavior that is disproportionate to the triggering situation), and anxiety (excessive fear, worry, and related behavioral disturbances that interfere with daily life);- Cognition intact;- Supervision of staff for activities of daily living;- Ambulates independently;- The resident is his/her own responsible party. Review of Resident #1's care plan, last updated on 06/09/24, showed:- The resident does smoke cigarettes;- The resident required supervision while smoking;- Staff will educate the resident about the facility policy on smoking, locations, times, and safety concerns;- Staff will notify charge nurse immediately if it is suspected the resident has violated the facility smoking policy. Review of the Physician Order Sheet (POS), dated September 2025, showed:- An order, dated 04/22/24, for oxygen (O2) at two liters (L) continuous via nasal cannula ((NC) a thin, flexible tube that wraps around your head, typically hooking around your ears, used to deliver supplemental oxygen or increased airflow to a patient or person in need of respiratory assistance) while in bed related to COPD at bedtime;- An order dated 08/07/25 for auto continuous positive airway pressure (CPAP) (a device for treating sleep apnea that automatically adjusts air pressure based on the user's breathing needs throughout the night) 8-11 centimeters (cm) water oxygen at 1 liter per minute (LPM), heated in line humidification, and as needed (prn) 20-min ramp to be worn during hours of sleep (prevents the dryness and irritation of the airway that can occur from using the machine. The heated air from the humidifier travels through the tubing to the mask); Review of Resident #1's Progress notes, showed:- On 10/13/25 at approximately 6:45 P.M., Licensed Practical Nurse (LPN) B was notified of fresh smoke smell in hallway adjacent to the Resident #1's room. Upon entering the room, the resident was observed lying in bed, black soot on nares (nostrils), right hand, right side of neck, and the facial hair on the right side of the face was gone. Burned areas were noted on the bed sheets and mattress, with several large burn holes in the blanket. The resident's t-shirt was also noted to have burned holes/black soot. The nasal cannula was in the nares, electrical cords were noted to be melted in places, and a non-invasive ventilation mask that provides two different levels of air pressure to assist breathing (BiPap) mask and tubing were laying on the floor beside the bed. An empty soda can was sitting on the bedside table with smoke coming out. A lighter and one unsmoked cigarette were observed lying beside the soda can. Resident #1 was quiet</p>		