STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265330	A. Building B. Wing	11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Village Park	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 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (continued on next page)

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)
F 0600 Level of Harm - Actual harm Residents Affected - Few	Based on observation, interview, and record review, the facility failed to ensure one resident, (Resident #2), in a review of seven sampled residents, was free from abuse when Resident #3 attempted to strike Resident #2, then grabbed Resident #2 by the hair and pulled him/her to the ground causing Resident #2 to strike her head on the ground, and then striking the resident in his/her side. Resident #2 was sent to the emergency room for a closed head injury after he/she developed a large knot on his/her head. The resident experienced headaches, a bruised knot on his/her forehead, a black eye, a bruise on his/her right hip, and rib pain. The facility census was 176. The administrator was notified of the past noncompliance on 12/04/25, which occurred on 11/12/25. After the incident on 11/12/25, the facility put Resident #3 on one-on-one monitoring, initiated an investigation, and began in-servicing staff on abuse. The facility continued staff inservicing before staff started their next shift. This deficiency was corrected on 11/16/25.Review of the facility's Abuse and Neglect Policy, last revised 06/12/24, showed the following:-Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish which can include staff to resident and resident to resident altercations;-Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain, or mental anguish;-Physical abuse: Purposefully beating, striking, wounding, or injuring any resident or any manner whatsoever mistreating or maltreating a resident in a brutal or inhumane manner;-Physical abuse also includes but is not limited to hitting, slapping, punching, biting, and kicking. 1. Review of Resident #2's Preadmission Screening and Resident Review, dated 09/14/21, showed diagnoses including watershed brain damage (occurs when blood flow is reduced or blocked in the border zones between the major arteries supplying the brain) from seizures at the age of five years old, bipolar disorder (periods of mania and depression), anxiety, impulse control disorder, major depressive disorder, attention deficit and hyperactivity disorder (ADHD), oppositional defiant disorder (ODD is a condition where a person is defiant/argumentative), borderline intellectual functioning (having a low IQ); Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment completed by staff, dated 04/13/25, showed the following:-Cognitively intact;-Moderate symptoms of depression;-No hallucinations, delusions, behaviors, or rejection of care;-Required supervision from staff for Activities of Daily Living (ADL). Review of the resident's Care Plan, updated 04/22/25, showed the following:-The resident had a history of behavioral challenges that required protective oversight in a secure setting;-Behaviors include anxiety, poor decision-making, bad judgement, depression, agitation, and suicidal ideation.Review of the resident's Nursing Progress Notes, dated 11/12/25, at 10:49 P.M. and 10:55 P.M., showed the following:-Resident was sitting at the table next to him/her (LPN E) when a peer came up and reached his/her hand in the resident's pocket and start calling out Resident #2's name saying he/she stole peer's $3.00 and wanted it back immediately;-The resident's peer said the resident has stolen his/her money. The peer called the resident a bitch and walked away;-The resident called the peer a racial slur as Licensed Practical Nurse (LPN) E stood in the middle of the residents;-The peer reached around LPN E and grabbed the resident by his/her hair and pulled him/her to the ground;-The resident got up and had a hematoma on the resident's left temple. New skin issue #001: left temporal area, hematoma (a solid swelling of clotted blood within the tissues), measures 4 centimeters (cm) in length and 3 cm in width. New skin issue #002 rear right trochanter (hip), bruising 2 cm in length, and 1 cm in width. Review of the resident's Nursing Progress Notes, dated 11/12/25, at 11:15 P.M., showed the following:-Pain issue: left temporal area;-Pain score: 7 out of 10 (10 being worst pain), aching. Review of the resident's Nursing Progress Notes dated 11/12/25, at 11:25 P.M., showed the resident was sent to the emergency room for complaints of pain to the head from a physical altercation. Review of the resident's emergency room Nurse Notes, dated 11/13/25, at 1:02 A.M., the resident presents with complaints of a severe headache after a fall, being pushed by another resident. Resident complains of headache on the left and describes, as the worst ever. Review of the resident's Radiology CT (computerized tomography scan) head without contrast Report, dated 11/13/25, at 2:03 A.M., showed left temporal scalp acute hematoma. Review of the facility's Admin/Registered Nurse Investigation, dated 11/13/25, at 1:36 A.M., showed the following:-On 11/13/25 (should be 11/12/25 typo by facility) at 9:00 P.M., there was an incident of physical aggression involving head;-Resident #2 and Resident #3 were involved in the incident;-LPN E and Nurse Aide (NA) F witnessed the incident;- Resident #3 reports he/she was in his/her room with Resident #7 and Resident #2. Resident #7 gave Resident #2 $10.00 to get breakfast the next morning. Resident #7 then gave Resident #3 $3.00 for

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on observation, interview, and record review, the facility failed to report physical abuse to the state agency and law enforcement for one resident, (Resident #2), in a review of seven sampled residents, when Resident #3 assaulted Resident #2. Resident #3 grabbed Resident #2 by the hair and pulled him/her to the ground causing Resident #2 to strike her head on the ground; Resident #3 then struck the resident again in his/her side. Resident #2 was sent to the emergency room for a closed head injury after he/she developed a large hematoma on his/her head. The facility census was 176. Review of the facility's Abuse and Neglect Policy, last revised 06/12/24, showed the following:-Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish which can include staff to resident and resident to resident altercations;-Physical abuse: Purposefully beating, striking, wounding, or injuring any resident or any manner whatsoever mistreating or maltreating a resident in a brutal or inhumane manner;-Physical abuse also includes but is not limited to hitting, slapping, punching, biting, and kicking;-The facility must ensure that all alleged violations involving abuse are reported immediately, but no later than 2 hours after the allegation in made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the State Survey Agency. If the abuse involves alleged suspicion of crime, it must also be reported to local law enforcement within those time frames. 1. Review of Resident #2's Preadmission Screening and Resident Review, dated 09/14/21, showed diagnoses including watershed brain damage (occurs when blood flow is reduced or blocked in the border zones between the major arteries supplying the brain) from seizures at the age of five years old, bipolar disorder (periods of mania and depression), anxiety, impulse control disorder, major depressive disorder, attention deficit and hyperactivity disorder (ADHD), oppositional defiant disorder (ODD is a condition where a person is defiant/argumentative), borderline intellectual functioning (having a low IQ); Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment completed by staff, dated 04/13/25, showed the following:-Cognitively intact;-Moderate symptoms of depression;-No hallucinations, delusions, behaviors, or rejection of care;-Required supervision from staff for Activities of Daily Living (ADL). Review of the resident's Care Plan, updated 04/22/25, showed the following:-The resident had a history of behavioral challenges that required protective oversight in a secure setting;-Behaviors include anxiety, poor decision-making, bad judgement, depression, agitation, and suicidal ideation.Review of the resident's Nursing Progress Notes, dated 11/12/25, at 10:49 P.M. and 10:55 P.M., showed the following:-Resident was sitting at the table next to him/her (LPN E) when a peer came up and reached his/her hand in the resident's pocket and start calling out Resident #2's name saying he/she stole peer's $3.00 and wanted it back immediately;-The resident's peer said the resident has stolen his/her money. The peer called the resident a bitch and walked away;-The resident called the peer a racial slur as Licensed Practical Nurse (LPN) E stood in the middle of the residents;-The peer reached around LPN E and grabbed the resident by his/her hair and pulled him/her to the ground;-The resident got up and had a hematoma on the resident's left temple. New skin issue #001: left temporal area, hematoma (a solid swelling of clotted blood within the tissues), measures 4 centimeters (cm) in length and 3 cm in width. New skin issue #002 rear right trochanter (hip), bruising 2 cm in length, and 1 cm in width. The investigation did not include notification of DHSS or law enforcement after physical assault with injury was witnessed. Review of the resident's Nursing Progress Notes, dated 11/12/25, at 11:15 P.M., showed the following:-Pain issue: left temporal area;-Pain score: 7 out of 10 (10 being worst pain), aching. Review of the resident's Nursing Progress Notes dated 11/12/25, at 11:25 P.M., showed the resident was sent to the emergency room for complaints of pain to the head from a physical altercation. Review of the resident's emergency room Nurse Notes, dated 11/13/25, at 1:02 A.M., the resident presents with complaints of a severe headache after a fall, being pushed by another resident. Resident complains of headache on the left and describes, as the worst ever. Review of the resident's Radiology CT (computerized tomography scan) head without contrast Report, dated 11/13/25, at 2:03 A.M., showed left temporal scalp acute hematoma. 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