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	12/12/2025

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 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to manage his or her financial affairs. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure checking account fees deducted from the resident trust account were replaced by the facility. This affected 127 residents for which the facility managed funds. Further review showed the facility failed to ensure residents had reasonable access to their personal funds. Residents were unable to gain access to their funds unless it was between the hours of 10:30 A.M. and 2:00 P.M. Monday-Friday. The facility census was 172. Review of the facility's policy, titled Resident Trust, last revised 09/21/2025 showed the following:-The facility shall allow the residents access to their personal possessions and funds during regular business hours, Monday through Friday; (there were no specific hours listed, and Saturday availability was not mentioned)-The facility shall keep an accurate and maintained accounting system for the residents that choose to have their personal funds managed. These funds shall be safeguarded by the facility, using complete accounting principles;-The facility shall reimburse the resident trust account for any service charges or new check order charges;-The management accountant will fill out a check request to the trust account for any items that are to be funded by the facility. Review of the facility's undated Resident Agreement (part of the admission packet) showed the following:-1. Management of Resident Funds:-Funds may be deposited or withdrawn by the resident to meet the resident's personal needs upon written request and in accordance with the facility's procedures;-The facility will ensure that the resident's funds are accessible, at a minimum, during regular business hours, Monday through Friday, excluding banking holidays (Saturday availability was not mentioned). 1. Review of the facility monthly reconciliations of the resident trust fund showed the following:Month Amount Description11/2024 $103.52 September (Sept) Deposit Slip Order 11/2024 $48.00 Sept Check Order12/2024 $103.52 Sept Deposit Slip Order12/2024 $48.00 Sept Check Order01/2025 $103.52 Sept Deposit Slip Order01/2025 $48.00 Sept Check Order02/2025 $103.52 Sept Deposit Slip Order02/2025 $48.00 Sept Check Order03/2025 $103.52 Sept Deposit Slip Order03/2025 $48.00 Sept Check Order04/2025 $103.52 Sept Deposit Slip Order04/2025 $48.00 Sept Check Order05/2025 $103.52 Sept Deposit Slip Order05/2025 $48.00 Sept Check Order06/2025 $103.52 Sept Deposit Slip Order06/2025 $48.00 Sept Check Order07/2025 $103.52 Sept Deposit Slip Order07/2025 $48.00 Sept Check Order08/2025 $103.52 Sept Deposit Slip Order08/2025 $48.00 Sept Check Order09/2025 $103.52 Sept Deposit Slip Order09/2025 $48.00 Sept Check Order10/2025 $103.52 Sept Deposit Slip Order10/2025 $48.00 Sept Check Order The facility was not able to provide any documentation to show the resident trust fund had been reimbursed for the September deposit slip order or the September check order. During an interview on 12/09/25 at 11:00 A.M., the Business Office Manager, (BOM), also the Resident Trust Clerk, said the following: -She was in charge of the resident trust account;-She did not know why the resident trust reconciliations listed September Deposit Slip order and September Check Order to be reimbursed. The Corporate Accounts Payable (AP) staff documented that. During an interview on 12/09/25 at 2:00P.M., the Corporate Business Office Manager said the following: -The entries on the Resident Trust Reconciliation form showing the September Deposit Slip order and September Check Order were on the form as a reminder that this money was due to be reimbursed to the resident trust account. The staff member who documented that on that form was the Corporate AP, who was the management company accountant;-There were several factors as to why the resident trust reimbursements were not done timely;-The Corporate AP was terminated, and emails were still going to her email that no one had access to; -The deposit slip and check orders automatically come out of the resident trust account, then the facility reimburses the resident trust account; -It would have been the Corporate AP's responsibility to fill out a check request for reimbursement to the resident trust; -They started using new software in October 2024, and they got behind;-She was unaware that these amounts to be reimbursed had not been reimbursed. During an interview on 12/12/25 at 3:48 P.M., the administrator said there should not be any operating expenses, like deposit slips and check orders, in the resident trust fund. 2. Review of the facility Resident Trust-Current Account Balance dated 12/7/25 showed the following:-Resident #167 had a balance of $100.94;-Resident #132 had a balance of $1367.67. Review of Resident #167's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 11/8/25 showed the resident was cognitively intact. During an interview on 12/11/25 at 12:22 P.M., the resident said the following:-He/She had funds in the resident trust account;-Monday-Friday, the BOM brings around the list of residents with money in the trust account and the Certified Nurse Aides (CNAs) must go to each resident and

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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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. (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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain walls, flooring, resident sleeping rooms, resident restrooms, resident common areas, light fixtures, ceilings, shower and toilet rooms, plumbing fixtures, window blinds, heating/ventilation units, exhaust fans, and room fixtures such as call lights, soap dispensers, and paper towel dispensers throughout the facility to be clean and good repair. The facility census was 172. Review of the undated facility Resident Agreement (part of the admission packet) showed the facility will provide basic maintenance, replacement and repair to the resident's room as required by normal wear and tear. 1. Observation and interview on 12/08/25 at 6:18 P.M. in two of two public restrooms near the main entrance, showed a heavy buildup of fuzzy debris on both exhaust fans. The Maintenance Director said maintenance staff dusted all fans weekly. 2. Observation and interview on 12/08/25 at 3:21 P. M. in occupied resident room [ROOM NUMBER] showed two square holes in the wall next to the vanity and one hole in the blue wall. The Maintenance Director said a resident threw a chair at the wall. 3. Observation on 12/08/25 at 3:20 P.M. in occupied resident room [ROOM NUMBER] showed the ceiling light fixture was missing. 4. Observation on 12/08/25 at 2:57 P.M. in occupied resident room [ROOM NUMBER] showed the window blinds were broken with large sections missing or hanging from the window. The soap dispenser and paper towel dispenser were missing from the vanity wall. The switch plate cover was loose on the wall. 5. Observation of occupied resident room [ROOM NUMBER] on 12/07/25 at 3:20 P.M. and 12/08/25 at 3:03 P. M., showed a missing paper towel holder near the sink. The area by the bathroom sink had several screw holes and a different paint color where the towel dispenser used to be. Three ceiling tiles were discolored with areas that were black in appearance. During an interview on 12/07/25 at 3:20 P.M., the resident who resided in this room said it would be nice to have a paper towel holder in his/her room. It had been gone for quite a long time. 6. Observation on 12/07/25 at 3:42 P.M. and 12/08/25 at 3:14 P.M., showed the following:-Four holes on the wall above bed A in occupied resident room [ROOM NUMBER] where a television had previously been mounted;-Ten open holes on the white wall and four large open holes on the blue wall. The towel bar was missing from the wall. 7. Observation of occupied resident room [ROOM NUMBER] on 12/07/25 at 3:25 P.M. and 12/08/25 at 3:07 P.M. showed the following:-Multiple areas of the wall behind bed #1 repaired with dry wall mud and left unpainted with one hole approximately the size of a golf ball; -Large areas of dry wall compound on the blue wall behind the bed. The overbed light fixture was not functional and a fist-sized hole was visible on the vanity wall. The Maintenance Director said the dry wall compound had been there for quite a while, and the wall needed to be finished and painted. 8. Observation on 12/08/25 at 3:11 P.M. in occupied resident room [ROOM NUMBER] showed the overbed light was not secure to the wall and hung diagonally from the wall. 9. Observation of occupied resident room [ROOM NUMBER] on 12/07/25 at 3:25 P.M., showed the following;-The soap dispenser near the sink was taped shut to hold it together; -The bathroom door handle was loose. During an interview on 12/07/25 at 3:25 P.M., the resident who resides in this room said the following:-He/She would like the paper towel dispenser fixed; every time the bathroom door shut the cover falls open;-He/She had to tape the soap dispenser shut because every time it was used it would pop open;-The bathroom door handle was very loose and did not allow the door to shut securely;-He/She had reported his/her concerns but was not sure to who or when. 10. Observation and interview on 12/08/25 at 2:36 P.M. in the single shower room on the 200 hall showed, black areas and peeling ceiling paint inside the shower stall. The light fixture in the shower was rusty. The wall and ceiling over the toilet in the shower room had black mold-like areas and moisture. The Maintenance Director said the chiller lines had leaked over the toilet area and caused mold and wet areas. 11. Observation of occupied resident room [ROOM NUMBER] on 12/07/25 at 12:46 P.M., showed the following:-Multiple scraped areas on the wall exposing previous paint above bed #1;-The shared bathroom door had a tennis ball size hole, that went completely through from one side to the other; toilet paper had been stuffed in the hole;-The toilet stool was loose and not secure to the floor; -A small amount of water was observed around the base of the toilet stool;-Multiple pieces of rubberized flooring were missing from the bathroom floor, one approximately 1 inch wide by 2-3 inches long in a half-moon shape, and 8+ cracked areas in a half-moon crescent shape; -An area on the ceiling, near the wardrobe of bed two, had a soccer ball size black mold like area on the ceiling tile with a black ring around the area;-The entry door had multiple scrapes, exposing the previous paint layers underneath the top layer, as well at the metal door. During an interview on 12/07/25 at

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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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. (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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow professional standards of practice for seven residents (Resident #24, #47, #118, #127, #113, #77 and #4) in review of 47 sampled residents. The facility failed to follow physician orders and obtain ordered bloodwork related to therapeutic medication level monitoring and bloodwork for five residents (Residents #24, #47, #113, #118 and #127). Further review showed no documentation the resident's physicians were notified when bloodwork was not obtained and/or documented as uncollected. Facility staff failed to obtain a blood pressure or pulse prior to administering a medication for high blood pressure, with ordered parameters on when to give the medication and when the medication should be held and not given for one resident (Resident #77). Resident #77 also had orders for an Accu Check (finger stick procedure to determine the amount of sugar in the blood) and insulin (injectable medication to treat diabetes and control blood sugars) administration. The facility failed to administer one resident (Resident #4) his/her nutritional supplement as ordered, and failed to follow professional standards of practice when nursing staff documented administration of the supplement, when the supplement had not been available for administration for some time. The facility census was 172. Review of the facility policy, Transcription of Orders/Following Physician's Orders, revised on 05/18/24, showed the following: -The purpose of this policy is to outline procedures in accurately transcribing physician orders and to ensure that all physician orders are followed. To ensure a process is in place to monitor nurses in accurately transcribing and following physician orders;-Upon receiving a physician's order via telephone, fax, written order, verbal order, transcribed order or other, it will be documented in the residents' electronic medical record (EMR) under the orders section;-After laboratory testing, diagnostic testing or other services are ordered, the nurse will document orders in the residents EMR and fill out the corresponding requisition for the specific services to be obtained (or follow protocol set forth by individual lab company);-The Licensed Nurse will review electronic Medication Administration Records (MARs) & electronic Treatment Administration Records (TARs) on a routine basis to monitor for medications that were not administered to the resident due to unavailability, refusal, omission, etc.;-The Nurse or Certified Medication Technician (CMT) in charge of medication administration must review all their designated MARs and TARs prior to the end of their shift to ensure that all medications/treatments scheduled to be given on their shift were administered according to the physician order and that all necessary interventions were taken in the event of an omission. Review of the facility policy, Diagnostic Testing Services Policy, revised on 06/26/24, showed the following:-This facility will provide the appropriate diagnostic services (laboratory and radiology) required to maintain the overall health of its residents and in accordance with state and federal guidelines;-The facility will maintain a schedule of diagnostic tests (laboratory and radiology) in accordance with the physician's orders. 1. Review of Resident #24's undated Diagnosis List showed the following:-Bipolar disorder (mental illness), current episodic manic without psychotic features;-Attention-deficit hyperactivity disorder (disorder that impacts attention, focus, hyperactivity and impulsivity);-Mild intellectual disabilities;-Major depressive disorder, recurrent;-Post-traumatic stress disorder (mental health condition that's caused by an extremely stressful or terrifying event). Review of the resident's Care Plan, dated 9/20/24, showed the following:-The resident has a guardian to assist in decision making due to mental illness;-Arrange for psychiatric consult, follow up as indicated;-Drug therapy and monitoring;-Monitor/document for side effects and effectiveness. Review of the resident's physician order sheets (POS), dated 05/15/25, showed an order for lipid level (blood test to measure various fats in the blood), magnesium (blood test to measure the level of the mineral crucial for muscle/brain function, energy and blood pressure), thyroid stimulating hormone (TSH) and Vitamin D level every three months. Review of the resident's medical record showed no documentation staff obtained, or the resident refused ordered lab work on 05/15/25. Further review showed no documentation staff notified the physician the blood work was not obtained as ordered. Review of the resident's POS, dated 09/12/25, showed an order for complete blood count (CBC) monthly starting on the 13th. Review of the resident's medical record dated September 2025 showed no documentation staff obtained, or the resident refused the ordered lab work. Further review showed no documentation staff notified the physician the blood work was not obtained as ordered. Review of the resident's October 2025 POS showed the following:-Levothyroxine (thyroid medication) 25 micrograms (mcg) 0.5 tablet by mouth once daily;-Clozapine (antipsychotic) 25 milligrams (mg) give three tablets by mouth twice daily;-Depakote (a medication used to treat mental health

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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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure staff obtained a lithium level (a laboratory test to monitor the concentration of lithium (mood stabilizing medication to treat bipolar disorder (mental illness) in the blood) for Resident #24 as ordered by the psychiatric Nurse Practitioner in October 2025. Resident #24 had a physician order for lithium 600 milligrams twice daily with an order start date of 09/20/24. Review showed Resident #24 was found in his/her room unresponsive on 11/24/25. The resident had vomited and was incontinent (abnormal for this resident). The resident's color was pale (normal color pink) and yellow. The resident's heart rate was 111 beats per minute (normal 60-100) and his/her oxygen saturation (blood oxygen level) was 70 percent (%) on room air (normal 95-100%). The resident was transferred to the hospital where he/she was found to have a critically high lithium level of 3.6 (normal is 0.6 - 1.2) and required intubation (a procedure where a tube is inserted through the mouth into the trachea to secure an open airway to support breathing) and was dialyzed (a life-sustaining treatment that filters waste products from the blood) four times to lower the lithium level. Further review showed the facility failed to obtain ordered blood work, including complete blood counts (CBC) (blood cell count including measure of white blood cells (WBC), that may indicate infection) and comprehensive metabolic panels (CMP) (blood test that checks the chemical balance of the blood, including Blood Urea Nitrogen (BUN, a test to assess how well the kidneys and liver are functioning) and Creatinine (a component to test how well the kidneys are filtering waste from the body). Upon the resident's emergency medical care, he/she was found to have elevated BUN and Creatinine levels as well as an elevated WBC. Review of hospital records and interview with the physician showed the resident suffered acute kidney failure and concerns with lack of oxygen to the brain. At the time of the survey exit, the resident remained hospitalized , 19 days following admission. The facility census was 172. The administrator was notified of the Immediate Jeopardy (IJ) on 12/10/25 at 12:30 P.M. which began on 11/24/25. The IJ was removed on 12/10/25 as confirmed by the surveyor onsite. Review of the facility policy, Transcription of Orders/Following Physician's Orders, revised on 05/18/24, showed the following:-The purpose of this policy is to outline procedures in accurately transcribing physician's orders and to ensure that all physicians' orders are followed. To ensure a process is in place to monitor nurses in accurately transcribing and following physician's orders;-Upon receiving a physician's order via telephone, fax, written order, verbal order, transcribed order or other, it will be documented in residents' electronic medical record (EMR) in orders section;- After laboratory testing, diagnostic testing or other services are ordered, the nurse will document orders in the resident's EMR (electronic medical record) and will fill out the corresponding requisition for the specific services to be obtained (or follow protocol set forth by individual lab company). Review of the facility policy, Diagnostic Testing Services Policy, revised on 06/26/24, showed the following:-This facility will provide the appropriate diagnostic services (laboratory and radiology) required to maintain the overall health of its residents and in accordance with state and federal guidelines;-The facility will maintain a schedule of diagnostic tests (laboratory and radiology) in accordance with the physician's orders. Review of www.drugs.com showed the following: -Lithium is a mood stabilizing medication used to treat or control the manic episodes of bipolar disorder (brain disorder causing extreme shifts in mood, energy and activity, also known as manic depression); -Lithium toxicity can cause death. Lithium is a medicine with a narrow range of safety and toxicity can occur if you take only slightly more than a recommended dose;-Early signs of toxicity include vomiting, diarrhea, drowsiness, muscle weakness, or loss of coordination. Review of Resident #24's undated diagnoses list showed the following:-Bipolar disorder, current episodic manic without psychotic features.-Attention-deficit hyperactivity disorder (disorder that impacts attention, focus, hyperactivity and impulsivity);-Mild intellectual disabilities.-Major depressive disorder, recurrent. -Post-traumatic stress disorder (mental health condition that's caused by an extremely stressful or terrifying event). Review of the resident's Physician's Order Sheet (POS), dated 9/20/24, showed an order for lithium carbonate 600 milligrams (mg) one tablet by mouth twice daily. Review of the resident's Care Plan dated 9/20/24, showed the following: -The resident uses psychotropic medications related to behavior management;-The resident has a behavior problem related to depression;-Arrange for psychiatric consult, follow up as indicated;-Drug therapy and monitoring;-Monitor/document for side effects and effectiveness;-The plan included no specific interventions regarding monitoring for side effects of lithium, signs of toxicity, or monitoring lithium levels. Review of the resident's admission Minimum Data Set (MDS), a

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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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to follow their policy to ensure staff completed weight monitoring, notifications with weight loss, provision of ordered supplements and reevaluation of the care plan for two residents with weight loss (Resident #45 and #103) in a review of 47 sampled residents. The facility census was 172. Review of the facility policy, Weight Monitoring Policy, revised 05/07/24, showed the following: -Purpose: Based on the resident's comprehensive assessment, the facility will ensure that all residents maintain acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;-Monitoring weight: weight can be a useful indicator of nutritional status. Significant unintended changes in weight (loss or gain) or insidious weight loss (gradual unintended loss over a period of time) may indicate a nutritional problem;- The facility will utilize a systemic approach to optimize a resident's nutritional status. This process includes: - Identifying and assessing each resident's nutritional status and risk factors; -Evaluating/analyzing the assessment information; - Developing and consistently implementing pertinent approaches; -Monitoring the effectiveness of interventions and revising them as necessary;-Information gathered from the nutritional assessment and current dietary standards of practice are used to develop an individualized care plan to address the resident's specific nutritional concerns and preferences. The care plan should address the following, to the extent possible:-a. Identified causes of impaired nutritional status;-b. Reflect the resident's personal goals and preferences;-c. Identify resident-specific interventions;-d. Time frame and parameters for monitoring;-e. Updated as needed, such as when the resident's condition changes, goals are met. interventions are determined to be ineffective or new causes of nutrition-related problems are identified;-f. If nutritional goals are not achieved, care planned interventions will be reevaluated for effectiveness and modified as appropriate;-g. The resident and/or resident representative will be involved in the development of the care plan to ensure it is individualized and meets personal goals and preferences;- Interventions will be identified, implemented, monitored and modified (as appropriate), consistent with the resident's assessed needs, choices, preferences, goals and current professional standards to maintain acceptable parameters of nutritional status;-A weight monitoring schedule will be developed upon admission for all residents. Residents with with weight loss will be monitored weekly-Weight Analysis: The newly recorded resident weight should be compared to the previous recorded weight. A significant change in weight is defined as:-a. 5 percent (%) change in weight in 1 month (30 days);-b. 7.5% change in weight in 3 months (90 days);-c. 10% change in weight in 6 months (180 days);.-The physician should be informed of a significant change in weight and may order nutritional interventions;-The Registered Dietitian or Dietary Manager should be consulted to assist with interventions;-Actions are recorded in the nutrition progress notes. 1. Review of Resident #103's face sheet showed diagnoses included chronic obstructive pulmonary disease/COPD (a progressive lung disease that makes breathing difficult), unspecified vitamin deficiency, gastroesophageal reflux disease/GERD without esophagitis (a chronic condition where stomach acid frequently flows back into the esophagus, causing irritation, heartburn, and vomiting), hyperlipidemia (elevated fats in blood) and schizophrenia (a mental health disorder that disrupts how a person thinks, feels, and behaves). Review of the resident's care plan, revised on 07/08/24, showed the following: -He/She was on a regular diet with regular liquids and does have a diagnosis of GERD and vitamin deficiency, initiated on 06/25/24 and revised on 07/08/24;-He/She will have no negative outcomes from current dietary status, initiated on 06/25/24;-Dietary department will monitor diet monthly to ensure proper dietary recommendations, initiated on 06/24/24;-Dietician will review chart quarterly to ensure regular diet is still proper diet for resident, initiated on 06/24/24. Review of the resident's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 04/14/25, showed the following:-Weight of 187 pounds (lbs.);-No weight loss or weight gain;-No therapeutic diet or dietary interventions. Review of the resident's electronic health record, weights and vital signs summary, showed staff documented the resident's weight on 06/06/25 as 187.3 lbs. Review of the resident's electronic health record, dietician progress notes, dated 06/09/25, showed the following:-Annual assessment: The resident was at mild nutritional risk related to COPD and schizophrenia;-Weight was 187 pounds, up one pound in one month, down ten pounds in three months, down 17 pounds in six months and down 22 pounds over the past year;-Body Mass Index (BMI) equals 26.9

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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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on observation, interview, and record review, the facility failed to serve food items to residents at a safe and appetizing temperature. The facility census was 172. Review of the undated facility policy, Food Temperatures, showed the following: -Foods will be served at proper temperature to ensure food safety; -Record temperature reading on Food Temperature Chart form at beginning of tray line and during the tray line. Take the temperature of each pan of product before serving; -Acceptable serving temperatures include: -Greater than 135 degrees Fahrenheit (F), but preferably between 160 to 175 degrees F, for the following food items: gravy, casseroles, meat, entrees, potatoes, pasta, soup, pureed foods, hot pureed foods, vegetables; -Less than 41 degrees F: hazardous salads, milk, juice, and desserts; -If temperatures are not at acceptable levels and cannot be corrected in time for meal service, make an appropriate menu substitution and discard out of temperature range foods;-Cold foods need to be put in the freezer half hour to three quarter hour prior to meal service. Bring only one tray at a time out on the tray line. Put on ice. Ice down all cold foods on the tray line. Chill dishes to be used for cold food. 1. During an interview on 12/07/25, at 3:51 P. M., Resident #53 said staff served eggs every day for breakfast, and the eggs were always cold. During an interview on 12/08/25, at 8:29 A.M., Resident #67 said the food was always cold, and breakfast was cold again today. During an interview on 12/7/25 at 10:53 A.M., Resident #123 said the food was served cold. 2. Review of the Diet Orders, printed 12/7/25, showed the following: -147 residents with a physician-ordered regular diet; -18 residents with a physician-ordered mechanical soft diet. Review of the facility's diet spreadsheet menu for the lunch meal served on 12/8/25 (Day 9 of menu cycle) showed the following: -Staff were to serve smothered chicken, stuffing, and garlic green beans to residents on a regular diet; -Staff were to serve ground smothered chicken with gravy, stuffing with gravy, and garlic green beans to residents on a mechanical soft diet. Observation on 12/8/25 from 12:22 P.M. to 12:46 P.M., in the kitchen at the steam table, showed the following:-Dietary Aide X prepared plates for residents on regular and mechanical soft diets, added a plate cover to each plate, and placed the trays of food items into insulated tray carts for the 100, 200, 300, 800, and 900 hall dining areas;-At 12:47 P.M., Dietary Aide X plated a test tray containing regular and mechanical soft food items and placed the test tray on the cart staff took to the 900 hall dining room. Observation on 12/08/25, at 12:32 P.M., of the dining cart served with residents' meals on the 100/200 hall, showed ice cream was served in cups on the same tray as the hot food. The ice cream was melted when served to the residents. Multiple residents opened the cup of ice cream and drank it instead of using a spoon because it had melted. Observation on 12/8/25 from 12:49 P.M. to 1:13 P.M., in the 900 hall dining room, showed Certified Nurse Aide (CNA) EE served trays off the meal cart (that arrived from the kitchen) to residents with regular and mechanical soft diets. Observation on 12/8/25 at 1:13 P.M., of the temperature of the food items on the test tray, taken with a calibrated probe-style thermometer, after the last residents in the 900 hall dining room were served showed the following: -The smothered chicken was 106.2 degrees F and tasted cool; -The mechanical soft ground smothered chicken with gravy was 113.9 degrees F and tasted cool; -The garlic green beans were 116.8 degrees F and tasted cool; -The stuffing was 109.8 degrees F and tasted cool. 3. Review of the facility's diet spreadsheet menu for the dinner meal served on 12/8/25 (Day 9 of menu cycle) showed the following: -Staff were to serve cheesy potato soup, egg salad cold plate, and cucumber and tomato salad to residents on a regular diet; -Staff were to serve cheesy potato soup, egg salad cold plate (no lettuce), and chopped chilled steamed vegetables to residents on a mechanical soft diet. Observation in the kitchen on 12/8/25 at 4:41 P.M., showed [NAME] Y placed food items into the steam table. He/She put a pan of egg salad sandwiches into a steam table compartment that contained ice water. He/She placed a second pan of egg salad sandwiches on the upper shelf of the steam table (not on ice). Observation on 12/8/25 from 4:51 P.M. to 5:43 P.M., in the kitchen at the steam table, showed the following: -Dietary Aide X served regular and mechanical soft diet food items onto residents' plates on trays, added a plate cover to each plate, and placed the trays of food items into insulated tray carts to go to the 100, 200, 300, 800, and 900 hall dining areas; -He/She ran out of egg salad sandwiches in the steam table. He/She put the pan of egg salad sandwiches from the upper shelf onto the steam table in the compartment with ice water. Observation on 12/8/25 at 5:44 P.M., in the kitchen at the steam table, showed [NAME] Y plated a test tray with regular and mechanical soft food items and placed the test tray on the cart staff took to the 900 hall dining room. Observation on 12/8/25 from 5:49 P.M. to 6:11 P.M., in the 900 hall dining room, showed CNA EE served trays off the meal tray cart (that arrived from the kitchen) to residents with regular and mechanical

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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 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. (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 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on observation, interview, and record review, the facility failed to ensure staff served food items according to the menu for three residents (Residents #36, #127, and #135), in a review of 47 sampled residents, and for one additional resident (Resident #125), who had physician's orders for a mechanical soft diet. The facility census was 172. 1. Review of Resident #36's physician order sheet (POS) for December 2025, showed the resident had an order for a regular diet with mechanical soft texture (original order dated 11/20/25). Review of the facility's resident Diet Orders listing, printed 12/7/25, showed the resident had an order for a regular diet, mechanical soft texture. Review of the facility's diet spreadsheet menu for the breakfast meal served on 12/8/25 (Day 9 of menu cycle) showed residents on a mechanical soft diet were to receive ground sausage patty with gravy.Observation on 12/8/25 at 8:19 A.M., showed staff served the resident a sausage patty that was cut into bite-size pieces. (Staff did not serve the resident ground sausage patty with gravy as directed on the spreadsheet menu). Review of the facility's diet spreadsheet menu for the lunch meal served on 12/8/25 (Day 9 of menu cycle) showed residents on a mechanical soft diet were to receive ground smothered chicken with gravy. Observation on 12/8/25 from 12:22 P.M. to 12:46 P.M., in the kitchen at the steam table, showed the resident's meal ticket showed he/she was to receive a regular texture diet. Dietary Aide X prepared the resident's meal tray and placed a regular piece of smothered chicken (not ground chicken with gravy) onto the resident's plate. Observation on 12/8/25 at 12:49 P.M., in the 900 hall dining room, showed the following:-Certified Nurse Aide (CNA) EE served trays off the meal tray cart (that arrived from the kitchen) to residents; -The resident received a regular texture meal with smothered chicken (not ground chicken);-The resident had difficulty cutting the chicken with his/her fork;-CNA EE attempted to cut up the resident's chicken with a fork but had difficulty cutting the chicken. During an interview on 12/8/25 at 1:04 P.M., CNA EE said Resident #36 used to be on a mechanical soft texture diet because he/she had difficulty chewing food, but he/she was back on a regular texture diet. Observation on 12/8/25 at 1:13 P.M., of food items on the test tray obtained after all residents were served in the 900 hall dining room, showed the smothered chicken was dry. It was very difficult to cut with a fork, was tough in texture, and was difficult to chew. Review of the facility's diet spreadsheet menu for the breakfast meal served on 12/9/25 (Day 10 of menu cycle) showed the following: -Residents on a mechanical soft diet were to receive ground sausage patty with gravy;-Residents on a regular diet were to receive bacon. During an interview on 12/9/25 at 8:30 A.M., CNA G said the resident was served bacon at breakfast instead of the mechanical soft diet choice. During an interview on 12/9/25 at 8:34 A.M., the resident said he/she was served bacon (not ground sausage) at breakfast and did not eat it because he/she could not chew it. During an interview on 12/11/25 at 12:20 P.M., the resident said his/her bottom dentures did not fit, so he/she only wore his/her top dentures. He/She preferred to eat soft foods. Review of the diet spreadsheet for residents for lunch meal served on 12/11/25, showed residents on a mechanical soft diet were to receive ground chicken alfredo over chopped fettuccini. Observation on 12/11/25 at 12:38 P.M., showed the following:-The resident sat at the lunch table. The resident wore top dentures only; -The resident's meal card was dated 11/7/25, and showed the resident was on a regular diet with regular texture. Card had not been updated to the most current order;-Staff served the resident chicken alfredo over fettuccini. The chicken was in chunks and was not ground, and the fettuccini was not chopped.During interviews on 12/11/25 at 12:55 P.M., 1:15 P.M. and 2:30 P.M., the Dietary Manager said the following:-The Assistant Dietary Manager printed the meal cards daily;-The resident was on a mechanical soft diet;-The resident's meal card for 12/11/25 said the resident was on a regular diet and mechanical soft texture; -The meal card on the resident's tray at lunch was an old card, dated 11/7/25, that showed the resident was on a regular diet and regular texture;-He/She was not sure who placed the old meal card on the resident's tray;-Dietary staff were to use the printed meal card dated for that day. During an interview on 12/9/25 at 3:07 P.M., [NAME] DD said the following:-Staff should check each resident's meal ticket to ensure they serve the correct food items to residents;-Dietary staff printed residents' meal tickets weekly and then photocopied the tickets as needed throughout the week unless there were changes. Each meal (breakfast, lunch, and dinner) had a different meal ticket for each resident;-If there were changes to a resident's diet order, nursing staff updated the electronic system and notified dietary staff of the changes. During an interview on 12/9/25 at 3:30 P.M., the Assistant Dietary Manager said she printed meal tickets weekly and if there were any changes, such as were discussed during the daily nursing meeting, the tickets were updated and reprinted. It was possible that staff were using outdated versions of the residents'

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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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. Based on observation, interview and record review, the facility failed to provide nourishing snacks when substantial meals were scheduled 14 hours apart. Multiple residents during the group interview said snacks were not specifically offered and were not substantial. One resident (Resident #167), in a review of 47 sampled residents, and three additional residents (Resident #83, #39 and #95) said snacks were not offered on a routine basis at the facility. The census was 172. Review of the undated facility policy, Snacks, showed the following:-Policy: Daily snacks are provided in accordance with the prescribed diet and in accordance with state law. Individual and/or bulk snacks are available at the nurses' station for consumption by residents whose diet orders are not restrictive;-Procedure: At least one serving or a minimum of two of the following four food components is offered for the bedtime snack:-Fruit and/or vegetable or full-strength fruit or vegetable juice;-Whole grain or enriched cereals or breads;-Milk or other dairy products;-Meat, fish, poultry, cheese, eggs;-Combo meat sandwiches. 1. During the resident council meeting on 12/09/25 at 9:59 A.M., residents said the following:-Resident #83 said bedtime snacks were no longer passed;-Resident #39 said snacks only come at supper time and were not passed individually, you must go up and ask for them;-Resident #95 said staff just open the snack room door at night and do not monitor it to make sure that everyone gets a snack; some residents take too many and then the snacks are all gone and not everyone gets one;-Resident #167 said the diabetics never get a diabetic snack or anything with protein;-Multiple residents said the snacks that were provided only included chips, snack cakes, cookies or crackers and never any sandwiches, fruits or drinks. 2. Observation on 12/09/25 at 7:35 P.M., showed the locked nourishment kitchen on the 100/200 hall to have individually packaged potato chips available for snacks. Snacks were kept in the nourishment kitchen and not passed individually. No drinks, sandwiches or other food was observed in the nourishment kitchen refrigerator. Observation on 12/09/25 at 8:04 P.M., showed the locked nourishment kitchen on 300 hall had about half a box of individually packaged cheese puffs and about three-fourths a box of individually packaged Chex mix available for snacks. Residents were asking for snacks, and staff gave snacks out as residents asked for them. Staff did not pass snacks to everyone on the unit. No drinks, sandwiches or other food was observed in the nourishment kitchen refrigerator. 3. During an interview on 12/09/25 at 8:23 P.M., Nursing Assistant (NA) Q said snacks were delivered to the floor with the supper cart. Snacks included chips, sometimes fudge round cakes, sometimes bananas and occasionally sandwiches. Sandwiches were not brought very often, and it would be nice for the residents to have a sandwich if they wanted one. Staff did not pass the snacks; they were just available in the nourishment kitchen and staff had to get them for residents when they asked for them because the nourishment kitchen was locked. During an interview on 12/09/25, at 8:33 P.M., NA E said the only snacks delivered to the 300 hall included chips, crackers and sometimes snack cakes. No drinks or sandwiches were ever brought to the hall. During an interview on 12/12/25, at 4:08 P.M., the dietary manager said bedtime snacks were sent to the floor every night with the supper cart. During an interview on 12/12/25, at 3:39 P.M., Director of Nursing (DON) #2 said she would expect a bedtime snack to be passed by staff to all the residents. The bedtime snack should be of substantial nutritive value and variety. During an interview on 12/18/25 at 2:25 P.M. the Registered Dietitian said the following:-Bedtime snacks should be a substantial snack containing a protein, carbohydrate, and fat;-Examples of substantial bedtime snacks would be milk, a sandwich or fruit;-She would expect staff to offer a bedtime snack to all residents every evening. #2646556

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Based on observation, interview, and record review, staff failed to store, prepare, and serve food in accordance with professional standards for food service safety. Staff did not securely seal, label, or date food items. Staff did not practice proper hand and glove hygiene and did not properly wear hair restraints in the kitchen. Staff did ensure personal beverages were not consumed in the food preparation areas. Staff did not maintain surfaces and equipment to be free from a buildup of grease and debris. Staff did not maintain range hood baffle filters free from an excess buildup of grease. Staff failed to ensure an air gap was present at the facility's ice machine drain to prevent possible backflow from the drain back into the ice machine. The facility census was 172. 1. Review of the facility policy, Resident Food Storage: Food from Outside Sources, revised on 11/28/24, showed the following:-Facility staff will monitor the snack refrigerators on a daily basis;-Refrigerators will be kept clean;-Food items will be dated after opening. Observation on 12/7/25 at 9:25 AM, in the facility's reach-in refrigerator in the kitchen, showed unlabeled and undated containers of pimento cheese spread, shredded cheese, cranberry juice, and pickle relish. Observation on 12/8/25 at 3:48 P.M., in the 600/700 hall snack room (located next to the nurses' station on the 700 hall side), showed the following:-In the freezer portion of the refrigerator, there was an uncovered, unlabeled, and undated clear container of a frozen pink substance and a plate of a white- and brown-colored frozen substance;-In the refrigerator, there were two undated, unlabeled boxes of pizza. There was a cottage cheese container that contained a yellowish-red substance that was undated and unlabeled to its contents;-On the shelves, there were pieces of popcorn that were scattered across the shelf surface. There was an unwrapped chocolate candy bar and had approximately 50% of the outer coating of chocolate missing from the bar. The candy bar wrapper sat approximately six inches away and there were flakes of brown chocolate from the candy bar on the shelf surface;-A sign posted on the food storage cabinet read, 'Please ensure you date/label items upon opening!!!' Observation on 12/9/25 at 9:44 A.M., in the facility's dry storage room, showed two large bags of spaghetti were unsealed and exposed to the air. A 25-pound box of food thickener had the inner plastic bag unsealed and exposed to the air. During an interview on 12/9/25 at 2:08 P.M., the Dietary Manager said she expected food items to be sealed, labeled and dated. Dietary staff did not clean or discard expired items from satellite snack rooms or refrigerators. 2. Review of the undated facility policy, Hand Washing and Glove Use, showed the following:-Hand washing is a priority for infection control;-Hands must be washed prior to beginning work, after using the restroom, after smoking, when working with different food substances such as raw chicken to fresh fruit, following contact with any unsanitary surface such as touching hair, sneezing, opening doors etc.;-Washing procedure: wet hands, apply soap, lather vigorously rubbing hands together for approximately 20 seconds, rinse hands to remove soap and debris, dry hands with a disposable paper towel, utilize paper towels to turn off the faucet, discard paper towel in a foot pedal trash can;-Gloves may be used when working with food to avoid contact with hands;-Gloves must be worn when touching any ready-to-eat food;-When gloves are used, hand washing must occur per above procedure prior to putting on gloves and whenever gloves are changed. Gloves must be changed as often as hands need to be washed. Gloves may be used for one task only;-It's important to remember that gloves can often give a false sense of security and can carry germs same as our hands. Observation on 12/8/25 at 8:01 A.M., in the kitchen, showed no hot or cold faucet handles on the handwashing sink. There were no handles just the circular metal components under where the handles should be attached - the sink could be used and water turned on by turning the circular components, making it more challenging to turn on/off the water using the metal components because they were not easy to grip. Observation on 12/8/25 from 11:53 A.M. to 12:10 P.M., in the kitchen, showed the following:-Dietary Aide Z wore gloves and prepared sandwiches at the food preparation counter;-He/She left the kitchen and returned to the kitchen with no gloves on his/her hands;-Without washing his/her hands, he/she used his/her bare hands to touch and place sandwiches into individual bags;-He/She further contaminated his/her bare hands by touching/opening the reach-in refrigerator used his/her bare hands;-Without washing his/her hands, he/she put on gloves and placed unwrapped cheese slices from the preparation counter into the package of cheese (obtained from the reach-in refrigerator);-He/She placed the package of cheese back into the reach-in cooler and discarded his/her gloves;-Without washing his/her hands, he/she touched his/her face and used his/her bare hands to move clean plates from the dishwashing area to the food preparation counter. As he/she grasped the plates, he/she used his/her thumb to touch the eating surface of the plates. Observation on 12/8/25 from 12:11 P.M.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow current infection control standards for two residents (Residents #14 and #4), in a review of 47 sampled and five additional residents (Resident #23, #110, #180, #172 and #72). The facility failed to follow infection control practices while performing blood glucose monitoring (also known as accu check, a procedure where a drop of blood is obtained to test the amount of sugar in the blood) for two residents (Resident #23 and #110) when staff failed to appropriately sanitize the glucometer (a machine that tests a drop of blood for sugar it contains) after use to protect against contamination. The facility failed to review their Legionella risk assessment, follow interventions, test residents diagnosed with pneumonia for Legionnaire's Disease, and retest water samples when an outside laboratory found Legionella pneumophila in water samples provided by the facility. The facility failed to follow infection control practices for Enhanced Barrier Precaution (EBP) when staff did not wear personal protective equipment (PPE) during personal care for two residents (#180 and #4) who required EBP use, failed to ensure staff washed their hands and changed their gloves after they became soiled during direct care and before touching the resident and/or clean items for one resident (Resident #4), failed to ensure catheter (a tube used to drain urine from the bladder) bags (a bag attached to the catheter, used to collect urine) and catheter tubing (tube used to drain urine from the bladder into a collection bag) did not lay on the floor for two residents (Resident #180 and #172) and failed to ensure a blood glucose monitor was not sat directly on a surface without a barrier while in use for one resident (Resident #72). Additionally, the facility failed to follow infection control practices for storage of oxygen tubing when not in use for one resident (Resident #14). The facility census was 172. Review of the Centers for Disease Control (CDC), Considerations for Blood Glucose Monitoring, showed the following:-Assign blood glucose meters to a person unless the device is designed for use in professional settings and is cleaned and disinfected after every use;-Clean and disinfect blood glucose meters after every use per the manufacturer's instructions, to prevent the spread of blood and infectious agents. Review of the facility policy, Glucometer Disinfection, revised 4/30/24, showed the following:-The facility will ensure blood glucometers will be cleaned and disinfected after each use and according to manufacturer's instructions for multi-resident use;-Glucometers will be disinfected with a wipe pre-saturated with an EPA registered healthcare disinfectant that is effective against HIV, hepatitis B and hepatitis C;-Glucometers will be cleaned and disinfected after each use and according to manufacturer's instructions regardless of whether they are intended for single resident or multiple resident use;-Obtain needed equipment and supplies (gloves, glucometer, alcohol pads, gauze pads, single-use lancet, blood glucose testing strips and disinfecting wipes);-Wash hands, explain procedure to the resident, provide privacy, put on gloves and obtain blood glucose sampling according to facility policy;-Remove and discard gloves, perform hand hygiene prior to exiting room;-Reapply gloves if there is visible contamination of the device or if the resident is HIV or hepatitis B or C positive;-Retrieve disinfectant wipes from container, using first wipe, clean first to remove heavy soil, blood and/or other contaminants left on the surface of the glucometer;-After cleaning, use second wipe to disinfect the glucometer thoroughly with the disinfectant wipe, following the manufacturer's instructions;-Allow the glucometer to air dry;-Discard wipes and perform hand hygiene. Review of the [NAME] True Metrix Blood Glucose Monitoring System user manual, showed the following:-Wash hands thoroughly with soap and water;-Wear a clean pair of gloves;-To clean the meter, use a Super Sani Cloth wipe or any disinfectant product with EPA* reg.no. of 9480-4;-Rub the entire outside of the meter with the cloth using three circular wiping motions with moderate pressure on the front, back, left, right, side, top and bottom of the meter;-Repeat as needed until all surfaces are visibly clean;-Discard used wipes;-To disinfect the meter, use a fresh wipe and make sure all outside surfaces of the meter remain wet for two minutes;-Let the meter air dry thoroughly before using to test. Review of the Medline EvenCare G2 Blood Glucose Monitoring System User Manual, showed the following:-To clean the meter, use a moist lint-free cloth dampened with mild detergent and wipe all external areas of the meter;-To disinfect the meter, use a U.S. Environmental Protection Agency (EPA) registered disinfecting wipe;-Wipe all external areas of the meter until visibly clean;-Allow the surface of the meter to remain wet at room temperature for the contact time listed on the wipe's directions for use;-Wipe meter dry or allow to air dry. Review of the CaviWipes Disinfecting Towelettes label showed the following:-CaviWipes is a two-step disinfectant product;-One wipe is required to pre-clean then a second wipe is required to disinfect;-Wipe surface completely to preclean

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	12/12/2025

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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on observation, interview, and record review, the facility failed to implement effective pest control measures to eliminate mice from areas throughout the facility, including resident rooms, the facility's dry food storage room, and nourishment kitchens. The facility census was 172. Review of the facility policy, Pest Control Program Policy, revised 05/14/24, showed the following:-It is the policy of this facility to maintain an effective pest control program that eradicates and contains common household pests and rodents;-Effective pest control program is defined as measures to eradicate and contain common household pests (e.g., bed bugs, lice, roaches, ants, mosquitoes, flies, mice and rats). 1. During an interview on 12/07/25 at 11:50 A.M., Resident #118 said the following:-Mice were bad at the facility. A few days ago, a mouse ran out from under his/her bed and ran into the bathroom; -Maintenance staff did not check the mouse traps or rebait them. During an interview on 12/7/25 at 11:54 A.M., Resident #42 said the following:-He/She found a mouse in his/her bed;-He/She had four mice in his/her room;-There was a hole in the wall behind the air conditioner, and the mice were in the hole;-There was a bait box in his/her room, but there wasn't any bait in the box;-Staff were aware there were mice on the unit where he/she lived. During an interview on 12/07/25 at 12:59 P.M., Resident #160 said there was a mouse that lived in his/her air conditioner, and it ran across his/her foot. During an interview on 12/07/25 at 1:09 P.M., Resident #33 said there were mice in his/her room. The mice live behind the air conditioner unit. During an interview on 12/07/25 at 3:02 P.M., Resident #51 said the mice were bad in the facility. He/She could hear the mice running in the ceiling and walls at night, and he/she saw them recently in his/her room. Maintenance staff were to check the black bait boxes, but they never checked them. During an interview on 12/07/25 at 3:15 P.M., Resident #127 said the following:-He/She saw a mouse yesterday across from the 100/200 hall nursing station; -He/She recently found mouse droppings in his/her bed;-He/She heard mice in his/her closet. During an interview on 12/07/25 at 4:38 P.M., Resident #120 said he/she saw mice run in and out of his/her room. During an interview on 12/08/25 at 12:48 P.M., Resident #149 said the following:-He/She saw quite a few mice;-The mice climbed under his/her bed and had climbed in bed with him/her;-There was a bait box in his/her room, but staff didn't put bait in the box. During an interview on 12/09/25 at 8:35 A.M., Resident #177 said the following:-When he/she woke up this morning, he/she saw a mouse run across the floor in his/her room;-He/She saw mice all the time; -Staff were aware there are mice on the unit. During an interview 12/09/25 at 9:39 A.M., Resident #20 said the following:-There were mice on Homestead (the hall where he/she lived);-He/She saw a mouse in the shower room. 2. Observation and interview on 12/8/25 at 8:22 A.M. in occupied resident room, 705, showed mouse droppings/feces on the top surface of the resident's dresser. A bait station was located under the resident's vanity/sink. The resident who resided in the room said there was a mouse in the room. He/She saw the mouse twice a day, and it had been there for four weeks. The mouse got on his/her pillow in his/her bed. Observation and interview on 12/8/25 at 10:59 A.M. in occupied resident room, 500, showed a hole in the wall near the floor next to the heating/ventilation unit. The resident who resided in the room said there was a hole in the wall where the mice go. There were six mice in his/her room. He/She didn't want mice in his/her room. Observation on 12/8/25 at 3:17 P.M. in occupied resident room, 105, showed there was no rodent bait station in the room. The resident asked maintenance staff for a bait station box and said he/she had mice in his/her room. Observation and interview on 12/8/25 at 4:45 P.M. in occupied resident room, 815, showed shredded tan shavings in the corner of the room. During interview, the resident who resided in the room said a mouse lived in his/her bed, underneath the mattress, and had been there for one to two months. Observation showed the resident flipped over the mattress to show a hole in the bottom of the mattress. During interview, the resident said he/she saw a mouse run out from under the bed and into the adjoining bathroom. The other resident who resided in the room said he/she got shavings from his/her family snake cage to repel the mice, because the shavings would smell like snakes and the mice would be afraid. Observation on 12/9/25 at 9:36 A.M., in the dry storage room located near the kitchen, showed a dead mouse and mouse droppings under the dry food storage shelves. Observation on12/09/25 at 8:43 A.M. and 7:35 P.M. of the locked 200 hall nourishment kitchen, where staff stored resident supplies showed the following: -A moderate amount of mouse droppings throughout the empty cabinet below the microwave; -A moderate amount of mouse droppings in a drawer to the right of the microwave. The drawer also had three empty plastic containers that appeared to have been gnawed on and a small amount mouse droppings around the empty containers. Observation of the 200-hall nourishment kitchen on 12/09/25 at 7:35 P.M.