

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2026
NAME OF PROVIDER OR SUPPLIER North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>Based on interview and record review, the facility failed to convey resident funds within 30 days of discharge to the resident and/or responsible party for one resident (Resident #11), in a review of 15 sampled residents. The facility census was 177. Review of the facility's Resident Trust policy, revised on 9/21/25, showed the following:-Upon the discharge of a resident, the facility shall provide an up-to-date accounting of the resident's trust account balance;-The resident shall be issued a check for all remaining personal funds in his/her account within five (5) days of discharge. The Resident Trust Clerk shall provide a complete accounting record of the funds along with the check. Review of email correspondence sent to the facility by Resident #11's guardian to the Social Services Director and the Administrator) provided by the resident's guardian, dated 11/25/25 at 10:16 P.M., showed the following:-The email served as a formal notice that Resident #11 would not return to the facility;-The resident's guardian requested a call back to discuss the funds remaining in the resident's trust account. Review of the facility's Trust Transaction History report, dated 11/24/25, showed the resident's trust fund balance was \$103.99. Review of the resident's record and trust account showed no documentation the facility returned the resident's funds to the resident or the resident's responsible party. During an interview on 1/15/26 at 1:27 P.M., the Business Office Manager/Resident Trust Clerk, said the following:-She was in charge of the resident trust account;-She was unaware the resident had discharged from the facility. During an interview on 1/15/26 at 1:53 P.M., the Social Services Director said, she had just found an email from the resident's guardian reporting the resident was not returning to the facility, dated 11/25/25. During an interview on 1/15/26 at 2:33 P.M., the Administrator said his expectation was remaining resident trust funds were sent to the resident/family within five days of discharge. 2714640</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one resident (Resident #7), in a review of 15 sampled residents, was free from sexual abuse when Certified Nurse Aide (CNA) B sent sexual content via text messages and pictures to the resident's cell phone. The resident reported he/she and CNA B had kissed and had a sexual relationship including touching each other's genitals. The facility census was 177. On 1/14/26 at 4:11 P.M., the Administrator was notified of the past noncompliance which occurred on 1/4/26. On 1/4/26, the Administrator became aware of the employee to resident sexual abuse allegation involving CNA B and Resident #7. Upon discovery, the facility suspended CNA B, separated Resident #7 from the other residents to allow one on one time for the resident to vent and verbalize feelings. The nurse completed a skin assessment on the resident which showed no injury. The counselor, who provided bi-weekly counselling was notified of the incident. The legal guardian, physician, police department, and psychiatric provider were notified of the incident. Staff began interviews of the residents on the 900 Hall and Homestead Hall to determine how many residents were affected. Before the start of their shift, all staff received education on the Abuse/Neglect policy, Social Media policy, and Relationship with Residents policy. On 1/5/26, the facility provided a Resident Council Meeting on all the halls of the facility regarding therapeutic relationships. The deficiency was corrected on 1/5/26. Review of the facility's Sexual Activity/Abuse and Neglect policy, revised on 9/29/25, showed the following:-Residents that are wishing to engage in sexual activity/intercourse will be allowed to participate in these activities as long as both parties consent and have the ability to consent;-If the resident has a guardian or a physical and/or cognitive impairment an assessment should be completed to determine the resident's ability to consent;-The resident's guardian will be invited to provide their guidance/opinion to the Interdisciplinary Care Team. Family members may be involved in the assessment as appropriate;-If a resident has been deemed unable to provide consent to sexual activity based on criteria within, guardian involvement will be taken into advisement if the resident wishes to have a sexual engagement but may not understand the risk and benefits associated. Review of the facility's Employee Dating Residents policy, dated 7/31/23, showed the following:-Employees are not allowed to have a dating relationship with residents of the facility;-This policy is in effect at all times while a resident is living at the facility;-The employer will determine what constitutes a dating relationship;-Employees who participate in a dating relationship may be disciplined up to and including termination for the first offense. Review of the facility's Abuse and Neglect policy, revised 6/12/24, showed the following:-Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes sexual abuse facilitated or enabled through the use of technology;-Sexual abuse is non-consensual contact of any type with a resident;-Taking sexually explicate photographs and/or audio/video recordings of a resident and maintaining and/or distributing them (e.g., posting on social media);-Any photograph or recording of residents that contain nudity, sexual/intimate relations, directing a resident to use inappropriate language, or showing a resident in a compromising position is a violation of this policy. 1. Review of Resident #7's Preadmission Screening and Resident Review (PASARR) MentalIllness Level II Evaluation, dated 5/2/23, showed the following:-The resident had an onset of symptoms at age nine that included anxiety (feeling of fear, dread, and uneasiness), sleep disturbances, depression (common mental health condition that causes a persistent feeling of sadness and changes in how you think, sleep, eat and act), mood change, manic episodes (period of abnormally elevated mood and high energy, often accompanied by erratic behavior), poor impulse control</p> <p>(continued on next page)</p>		

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