

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2025
NAME OF PROVIDER OR SUPPLIER Valley Manor and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1410 Hospital Drive Excelsior Springs, MO 64024	
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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure resident care plans were created accurately for two of 17 sampled residents (Resident #10 and Resident #59) when the facility failed to address the use of a seatbelt on Resident #10's wheelchair and failed to address specific care needs, goals, and interventions for Resident #59. The facility census was 67. Review of the facilities Care Plans, Comprehensive Person Centered policy, dated March 2022, showed:</p> <ul style="list-style-type: none"> - A comprehensive, person-centered care plan includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed for each resident; - The comprehensive, person-centered care plan is developed within seven days of the completion of the required Minimum Data Set (MDS) (a federally mandated assessment tool completed by facility staff), and no more than 21 days after admission; - The comprehensive, person-centered care plan describes services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being and reflects currently recognized standards of practice for problem areas and conditions. <p>1. Review of Resident #10's MDS, a federally mandated assessment instrument completed by facility staff, dated 11/21/25, showed:</p> <ul style="list-style-type: none"> -The resident was cognitively intact; -The resident used a wheelchair; <p>-Diagnosis of stroke (a condition where blood flow to part of the brain is suddenly blocked depriving brain cells of oxygen) and hemiplegia (paralysis of one side of the body) affecting the left side.</p> <p>Review of the Resident's care plan, revised 11/28/25, showed:</p> <ul style="list-style-type: none"> -The resident had an activity of daily living performance deficit due to hemiplegia; -The resident had limited physical mobility related to weakness; -The resident was at risk for falls due to gait/balance problems; <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The care plan did not address the use of a seat belt on the resident's wheelchair.</p> <p>Observation on 12/18/2025 at 7:48 A.M. showed the resident sat in his/her wheelchair by the nurse's station, with a seatbelt fastened around his/her waist and the seatbelt was attached to the back of the wheelchair.</p> <p>During an Interview on 12/18/2025 at 11:10 A.M. the MDS Coordinator said:</p> <p>-Nurses can update care plans, especially when there is a fall;</p> <p>-The seatbelt for the resident should have been addressed in the care plan.</p> <p>During an Interview on 12/18/2025 at 12:55 P.M. the Administrator said if a resident has a seatbelt on their wheelchair, it should be addressed in the resident's care plan.</p> <p>2. Review of Resident #59's, Quarterly MDS, dated [DATE], showed:- Cognition was intact; - Dependent on facility staff for showering, toileting, and hygiene;- Diagnosis of diabetes, paraplegia (paralysis affecting the lower half of the body, including the legs), urine retention, restless legs, and high blood pressure.</p> <p>Review of the resident's care plan, dated 11/18/25, showed:- Code status was do not resuscitate and with corresponding goal and interventions;- The resident had been on Enhanced Barrier Precautions for urinary catheter (a tube that removes urine from the bladder) with corresponding goal and interventions;- No other focus, goal, or intervention had been listed for the resident regarding activities of daily living or resident's needs.</p> <p>Review of the Resident's Order Summary Report, dated 12/16/25, showed:- The resident required a mechanical soft texture diet;- The resident's urinary catheter should be changed on the 15th monthly and as needed for retention of urine;- The resident should have a barrier cream applied to bilateral buttocks every shift and staff are to encourage off loading of his/her buttocks every day and night shift to maintain skin integrity;- The resident required blood glucose monitoring, pain monitoring, monitoring of his/her heels for skin integrity, physical therapy, and urinary catheter care every shift. None of which had been listed on the Resident's care plan.</p> <p>Review of the Resident's Progress Notes, showed:- On 9/30/25 at 12:30 A.M., the nurse had charted that during the evening, the resident had continued to complain about his/her legs jerking and when his/her legs do that, it causes pain to both hips and his/her back. The provider had increased his/her Parkinson medication; not indicated in the care plan.- On 10/7/25 at 1:22 P.M., the Resident had been noted to have increased confusion, low grade temperature, increased urine sediment, and amber colored urine. The provider ordered a urinalysis, which had been drawn and sent out for processing; not indicated in the care plan.- On 10/13/25, at 8:17 P.M., the provider had ordered an antibiotic for the Resident for seven days; not indicated in the care plan.- On 11/21/25 at 8:40 P.M., the Resident had been sent to a nearby hospital emergency room (ER) for altered mental status, refusal of cares, and lower blood pressure. The Resident had been diagnosed with a urinary tract infection, prescribed antibiotics, and returned to the facility on [DATE] at 5:48 P.M. not indicated in the care plan.</p> <p>(continued on next page)</p>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/15/25 at 10:02 A.M., the resident said:- He/She was paralyzed from the waist down and legs would jump which had caused him/her to get stuck in the window frame by the bed once and he/she had been stuck in that position all night due to staff not checking on him/her every two hours like he/she believed they should;- Some staff would turn him/her and some would not;- Some staff would check his/her disposable underwear, and some would not;- He/She had to rely on nursing staff to do everything for him/her;- The staff were watching his/her heel and would apply protective boots some of the time;- He/She wanted two showers a week but would maybe get one a week or every eight days;- He/She transferred with two staff and the mechanical lift all the time.</p> <p>During an interview on 12/17/25 at 9:28 A.M., Registered Nurse (RN) A said:- Nursing staff know what cares to provide residents from the resident's care plan;- If a resident wanted two showers a week, that is the standard and should be given two unless it is care planned otherwise;- Cares for residents should be in the care plan, including interventions, fall risk, eating, toileting, and all cares needed.</p> <p>During an interview on 12/17/25 at 10:00 A.M., Certified Nurse Aide (CNA) C said:- He/She would know what care to provide for a resident by the resident telling him/her and by the care plans;- Everything about the care needed for a resident should be in the care plan, all he/she would need to know about the resident would be in there.</p> <p>During an interview on 12/17/25 at 11:44 A.M., the Assistant Director of Nursing (ADON) said:- Nursing staff would know what cares to provide to a resident from the Kardex tasks (an identifier of what care the resident needs) in the resident's electronic medical record;- Certain items from the resident's care plans carry over to create the Kardex tasks;- Resident cares that are required should be listed in their care plans, including any kind of fall intervention, if the resident had dentures or not, and more;- The facility was a teaching facility and would have a lot of new staff that need to know the information that should be listed in the care plans.</p> <p>During an interview on 12/18/25 at 8:30 A.M., the Director of Nursing (DON) said:- The aides would know what cares to provide a resident by using the Kardex to learn transfers, diets, and other cares;- The nurses would know what cares are needed from the resident care plans;- The resident care plans would be updated if there were a significant change in the resident's condition;- Resident's should have a comprehensive care plan.</p> <p>During an interview on 12/18/25 at 11:58 A.M., the MDS Coordinator said:- Staff should know what care to provide residents through the care plan, Kardex, and other staff;- He/She was new to the facility, but had been to facilities where resident shower preferences were care planned;- Cares that residents required should be in the care plans, including eating, transfers, locomotion or ambulation, showers, oral cares, and personal cares;- Resident shower preferences should be care planned;- Residents should absolutely have comprehensive care plans;- Care plans should be updated quarterly, after significant changes, and updated any time things happen, like if the resident now required a mechanical lift for transfers;- Anyone should be able to just look at the resident's care plan and take care of that person.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure dependent residents who were unable to carry out activities of daily living (ADLs) received the necessary services to maintain good personal hygiene when facility staff did not provide timely showers for three of 17 sampled residents (Resident #45, #56, and #59). The facility census was 67. Review of the facility policy, Shower/Tub bath, revised February 2018, showed:- The purpose of this procedure is to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin;- Documentation included: the date and time other shower/tub bath was performed; then name and title of the individual who assisted the resident with the shower/tub bath; all assessment data (e.g. any reddened areas, sores, etc. on the resident's skin) obtained during the shower/tub bath; how the resident tolerated the shower/tub bath; if the resident refused the shower/tub bath, the reasons why and the intervention taken; the signature and title of the person recording the data. Review of the facility's policy for supporting activities of daily living (ADL's), revised March 2018, showed:- Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out ADL's;- Residents who are unable to carry out ADL's independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene;- Residents will be provided with care, treatment and services to ensure that their ADL's do not diminish unless the circumstances of their clinical conditions demonstrate that diminishing ADL's are unavoidable;- Appropriate care and services will be provided for residents who are unable to carry out ADL's independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: hygiene (bathing, dressing, grooming, and oral care);- The resident's response to interventions will be monitored, evaluated, and revised as appropriate. 1. Review of Resident #45's Annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 10/20/25, showed:- Cognition intact;- Required moderate assistance from nursing staff for showers;- Diagnosis of diabetes, morbid obesity, and neuropathy (tingling and loss of sensation) of his/her legs. Review of the resident's care plan, dated 11/18/25/ showed:- The resident had an Activities of Daily Living (ADL) self-care performance deficit related to limited mobility and staff were to offer two showers weekly;- The resident preferred two showers per week with shampoo and nail care;- The resident was to be encouraged to practice good health care practices, including, good hygiene. Review of the Resident's shower sheets showed he/she had received showers on 10/20/25, 10/25/25, 10/30/25, 11/3/25, 11/12/25, 11/17/25, 11/25/25, 12/1/25, 12/9/25, and 12/15/25. Two showers a week were not documented as completed or offered. During an interview and observation on 12/15/25 at 10:54 A.M., the resident said:- He/She should have received a shower today, but was lucky to get one shower a week;- Sometimes a shower could stretch out eight to ten days in between since the last shower; - He/She appeared well kempt.- Going eight to ten days without a shower was not good, it makes him/her feel embarrassed that his/her hair is greasy and when he/she knows he/she stinks; 2. Review of Resident #56's Quarterly MDS, dated [DATE], showed:- Mild cognitive impairment;- Required substantial assistance from nursing staff for showers and activities of daily living (ADL)- Diagnosis of stroke, dementia, and diabetes. Review of the resident's care plan, dated 12/9/25, showed:- The resident was to have skin checks daily by the nursing staff;- The resident required substantial assistance by nursing staff with showering;- The resident had been at risk for pressure ulcer development related to immobility and dependent assistance of ADL care Review of the Resident's shower sheets showed he/she had received showers on 10/15/25, 10/22/25, 10/25/25, 10/31/25, 11/6/25, 11/16/25, 11/19/25, 11/26/25, 12/5/25, and 12/12/25 two showers a week were not completed or documented. During an interview on 12/15/2025 at 11:30 A.M., the resident said:- He/She only receives one shower a week and he/she wanted two;- Not getting two showers a week is upsetting to him/her. 3. Review of Resident #59's, Quarterly MDS, dated [DATE], showed:- Cognition was intact; - The resident was dependent on facility staff for showering, toileting, and hygiene;- Diagnosis of diabetes, paraplegia (paralysis affecting the lower half of the body, including the legs), urine retention, restless legs, and high blood pressure. Review of the Resident's Care Plan, dated 11/18/25, showed the care plan did not address ADL care, showers, bathing of resident's preferences. Review of the Resident's shower sheets showed he/she had received showers on 10/19/25, 10/26/25, 11/3/25, 11/12/25, 11/17/25, 11/26/25, 12/1/25, 12/9/25, and 12/15/25. The resident was not provided two showers a week and it was not documented. During an interview on 12/15/2025 at 10:02 A.M. the resident</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>Based on observations, interviews and record review, the facility failed to honor one resident's religious preferences when the facility failed to offer a suitable substitute at the lunch meal service for Resident #19, who was assessed and documented as not being able to eat pork products. This affected one out of 12 sampled residents. The facility census was 67. Review of facility policy, Food and Nutrition Services, revised October 2017, showed:- The multidisciplinary staff will assess each resident's nutritional needs, food likes, dislikes and eating habits that affect eating and nutritional intake and utilization;- Reasonable efforts will be made to accommodate resident choices and food preferences;- Food and nutrition services staff will inspect food trays to ensure that the correct meal is provided to each resident;- If an incorrect meal is provided to a resident nursing staff will report it to the food service manager so that a new food tray can be issued;1. Review of Resident #19's Quarterly Minimum Data Set, a federally mandated assessment instrument completed by facility staff, dated 11/21/25, showed:- Resident was cognitively intact;- Diagnosis: liver cell carcinoma (malignant tumor in the liver);Observation of the kitchen on 12/16/25 at 12:37 P.M., showed:- Dietary Manager (DM) prepared a food tray for resident which had breaded pork on it;- Assistant Director of Nursing (ADON) inspected plate and informed DM that resident doesn't eat pork and could not be served that meal;- DM removed main course item which was breaded pork and gave the plate back to the ADON with only rice and green vegetables on the plate for the resident;- ADON refused the plate and asked that a new plate be prepared since the pork product had already touched the plate;- DM made up a new plate with only rice and green vegetable with no substitute for the entree prepared for the resident;- Staff asked the resident if he/she wanted something else and he/she asked for cold cereal as a substitute.During an interview on 12/17/25 at 9:10 A.M., the Resident said:- When the facility serves pork, he/she doesn't have a choice, it's normally placed on his/her plate even though he/she has told the staff he/she does not eat pork due to his/her religious convictions.- He/she prefers fish and doesn't know exactly what he/she can ask for a substitute. - He/she only choose cold cereal because he/she couldn't remember what else to ask for. Resident would have preferred a grilled cheese sandwich and tomato soup if that had been offered. - He/she feels frustrated that the facility doesn't care about his/her preferences or religious needs when it comes to menu choices. - He/she is served pork at least once a week. Record review of kitchen menu for the month of December showed:- Pork served for 19 out of 31 breakfast meals;- Pork served 8 out 31 lunch meals;- Pork served 2 out of 31 dinner meals.Review of Resident's Menu Card, dated 12/17/25, showed the resident is not to have pork.During an interview on 12/18/25 at 8:50 A.M., the DM said:- A preference list for each resident is developed through a one-on-one interview and that information is updated into the electronic medical record and updated on each resident's menu card.- Residents are not served items they do not like if it's listed on their dislikes on the menu card.- Residents who dislike items on that day's menu are expected to annotate on the menu card what they would like for a substitute.- If a resident does not annotate a substitute for an item, they do not like the DM will go out to the dining room and personally ask them what they want as a substitute.- Sometimes the kitchen staff do not catch that an item on the menu is also on the resident's dislike list.- Resident #19 will oftentimes fill out his/her ala carte sheet for grilled cheese and tomato soup as a substitute because he does not eat pork. For today's meal, the kitchen staff didn't have those items already prepared as a substitute for the resident since it wasn't requested beforehand.During an interview on 12/18/25 at 2:00 P.M., the Administrator said if a resident has it documented that they cannot eat pork and that item is on the menu then the kitchen staff should prepare a suitable substitute for the resident without being told by the resident what to prepare. The kitchen staff can choose an item from a known preference from the resident so that they have a full meal served to them that's nutritious.</p>		

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

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Review of facility policy, Preventing Foodborne Illness - Employee Hygiene and Sanitary Practices, revised November 2022, showed:- Employees must wash their hands before coming in contact with any food surfaces, after handling raw meat, when switching from raw meat to ready to eat food, after handling soiled equipment or utensils, during food preparation as often as necessary to remove soil and contamination;- Gloves are considered single-use items and must be discarded after completing the task for which they are used;- Gloves are removed, hands are washed and gloves are replaced after direct contact with residents, between handling soiled and clean dishes, between handling raw meats and ready to eat foods;- The use of disposable gloves does not substitute for proper handwashing;- Hair nets or caps and/or beard restraints are worn when cooking, preparing or assembling food to keep hair from contacting exposed food, clean equipment, utensils and linens; Review of facility policy, Food Receiving and Storage, revised November 2022, showed:- Dry foods that are stored in bins are removed from original packaging, labeled and dated (use by date);- Food in designated dry storage areas are kept at least six inches off the floor unless packaged for case lot handling such as pallets or skids;- All foods stored in the refrigerator or freezer are covered, labeled and dated (use by date);- Functioning of the refrigeration and food temperatures are monitored daily and at designated intervals throughout the day by the food and nutrition services manager or designee and documented according to state-specific requirements;- Refrigerated foods are labeled, dated and monitored so they are used by their use-by date, frozen, or discarded;- Refrigerators must have working thermometers and are monitored for temperature according to state-specific guidelines; Review of facility policy, Food Preparation and Service, revised November 2022, showed: Food Preparation Area- Appropriate measures are used to prevent cross contamination which includes using sanitizing towels and cloths for wiping surfaces in containers filled with approved sanitizing solution and cleaning and sanitizing work surfaces and food-contact equipment between uses; Review of facility policy, Handwashing/Hand Hygiene, revised October 2023, showed:- Hand hygiene products and supplies (sinks, soap, towels) are readily accessible and convenient for staff use to encourage compliance with hand hygiene policies;- Procedure for washing hands includes drying hands thoroughly with a disposable towel and using a disposable towel to turn off the faucet to limit contamination of the hands; Review of facility policy, Food and Nutrition Services, revised October 2017, showed food and nutrition services staff will inspect food trays to ensure that the food appears palatable and attractive. Observation in the kitchen on 12/15/25 at 9:02 A.M., showed: Main Kitchen Area:- Both handwashing stations were out of paper towels for drying hands;- Walk-in Freezer had no thermometer inside the unit;- Heavy oil build-up on baffles over the grill in the overhead;- Walk-in Freezer, Three Stand-up Freezers, Three Stand-up Refrigerators, and One Large 2-Door Refrigerator were missing multiple Temperature Log readings between 12/12/25 and the morning of 12/14/25;- #2 Stand-up Freezer had individual sized frozen ice cream servings in cardboard containers with no dates of receipt on the container or best used by date on the metal container where they were stored;- #3 Stand-up Freezer had frozen cupcakes two containers of 12 cupcakes each with a best used by date of 10/15/25 (expired), and one container of frozen cupcakes with a best used by date of 10/10/25 (expired);- 4-foot area on the floor in front of #3 Refrigerator had liquid egg spilled as well as a 5-foot area of egg spill on the inside of the refrigerator. Large 2-Door Refrigerator:- Two, one-gallon bottles of generic salad dressing, one bottle of bar-b-que sauce and one bottle of 1000 island dressing had dried up liquid caked on the outside of the container;- Fancy ketchup 64oz can re-sealed with tin foil without an open date or best used by date annotated on container;- Leftover sliced tomato and onion wrapped in clear plastic without any used by dates annotated;- Glass of unknown liquid, sealed with plastic wrap on the top, labeled [NAME] Lunch had no date annotated;- Thickened water, 46oz, opened 7/15/25, re-sealed with expiration date of 12/4/25 (expired);- Thickened orange juice 11/4/25 opened, not resealed;- Three quarter sized dried food and liquid stains on the bottom right side of door lin;- Food crumbs covering two fresh vegetable bins on</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2025
NAME OF PROVIDER OR SUPPLIER Valley Manor and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1410 Hospital Drive Excelsior Springs, MO 64024	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on observation, interview and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections when, dietary staff did not change gloves between clean and dirty tasks and when facility staff did not apply Personal Protective Equipment (PPE) when they provided care and treatment for two residents (Resident #61 and Resident #46) and when the facility failed to have an infection surveillance program. The facility census was 67. Review of the facility's Personal Protective Equipment & Using Gloves policy, dated September 2010, showed:-Gloves are used to prevent the spread of infections;-Gloves are used to protect wounds from contamination;-Gloves are used to protect hands from infectious material;-Wash hands after removing gloves;-Use gloves when touching excretions, secretions, blood, body fluids. Review of the facility's Handwashing/Hand Hygiene policy dated October 2023, showed:-All personnel are expected to adhere to hand hygiene policies;-Hand hygiene is indicated before: - Touching a resident; - After contact with contaminated surfaces; - After touching a resident's environment; - Before moving from work on a soiled body site to a clean body site. Review of the facility's Enhanced Barrier Precautions policy, dated 3/20/24, showed:-It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms;-Enhanced barrier precautions (EPB) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves used during high contact resident care activities;-Enhanced barrier precautions will be initiated for residents with chronic wounds, surgical wounds, central lines, ports, urinary catheters and feeding tubes;-Make gowns and gloves available immediately near or outside of the resident's room;-PPE for enhanced barrier precautions are only necessary when performing high contact care activities;-High contact resident care activities include, dressing, bathing, transferring, providing hygiene, changing linens, changing briefs and assisting with toileting, device care (central lines, urinary catheter and feeding tubes) and wound care (any skin opening requiring a dressing). 1. Review of Resident #61's Medicare 5 day Minimum Data Set (MDS), A federally mandated assessment tool completed by facility staff, dated 11/27/25, showed:- No cognitive impairment;- Impairment of lower extremities;- Incontinent of bowel and bladder;- Dependent on staff for all Activities of Daily Living (ADL)s;- Diagnoses included seizure disorder, anxiety and high blood pressure. Review of the resident's care plan, dated 12/05/25, showed:-Dependent on staff for ADLs;-Incontinent of bowel and bladder. Review of the resident's Physician's Order Sheet (POS) dated December 2025, showed:-Order start date: 12/14/25, Peripherally Inserted Central Catheter (PICC, a thin tube inserted into a vein in the arm and guided to a large vein near the heart, used for IV medications and fluid), change dressing every weekly. Observation and interview on 12/17/25 at 10:34 A.M., showed:-A sign outside the resident's room that showed the resident was on enhanced barrier precautions;-An infection control cart sat outside the resident's room;-The resident had a PICC line with two uncapped lumens in place in his/her left arm;-The resident had a dressing on his/her right hip;-The resident said he/she had surgery on his/her right hip;-The resident said he/she had a PICC line because he/she got an infection after the hip surgery;-The resident said he/she received medication in the PICC line for the infection;-Nurse Aide (NA) A and Certified Nurse Aide (CNA) A entered the resident's room;-CNA A and NA A applied gloves and provided peri care to the resident;-NA A used gloved hands to open a drawer in the resident's room and grabbed a package of wipes;-NA A did not wash his/her hands or change gloves before he/she took the package of wipes out of the resident's dresser drawer;-CNA A and NA A did not put on isolation gowns before they entered the resident's room and provided care. During an interview on 12/17/2025 at 10:41 A.M., NA A said:-He/She should have put on a gown before he/she entered the resident's room;-Anytime a resident is on EPB a gown should be worn when providing peri care;-He/She should have washed his/her hands and applied clean gloves before he/she removed the wipes from the resident's dresser drawer;-The resident was on EPB because the resident had a PICC line and surgical wound. During an interview on 12/17/2025 at 10:54 A.M., CNA A said:-He/She should have put on a gown before he/she entered the resident's room;-The resident was on EPB because the resident had a PICC line and surgical wound;-Anytime a resident is on EPB a gown should be worn when providing peri care;-Gloves should be changed and hands washed between clean and dirty tasks. During an interview on 12/18/25 at 1:21 P.M., the Director of Nursing said: -Resident #61 is on FRP for a surgical wound and the use of IV antibiotics;-She expected staff to have</p>		