

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265362	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/29/2025
NAME OF PROVIDER OR SUPPLIER  Meadow View Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  2203 East Mechanic Street Harrisonville, MO 64701	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation and interview, the facility failed to ensure resident shower rooms were kept clean, maintained and free from build-up of black mold like/grime on the lower corner of the shower wall and shower floor tile located on 200 hallway; failed to ensure shower room was maintained and showed missing base board shower tiles and missing tile on memory care floor of the shower room and missing tile in the shower itself. This practice potentially affected all resident residents who used those shower rooms. The facility census was 82 residents.</p> <p>Review of the facility's undated Daily Cleaning of Guidelines showed:</p> <ul style="list-style-type: none"> <li>-The facility were complete regular inspect the shower room for signs of mold (often appearing as black, brown, or green stains), mildew and clogs.</li> <li>-If mold or mildew return after cleaning report to maintenance immediately.</li> </ul> <p>Review of copy Infection Prevention Rounds Maintenance Department check list dated 12/2021 showed:</p> <ul style="list-style-type: none"> <li>-Insure integrity of caulking and tiles in shower stall is maintained as evidence by: in good repair, clean, no evidence of mold or mildew.</li> </ul> <p>1. Observation on 5/29/25 at 9:40 A.M. of 200-hallways showed an unknown resident being escorted into the shower room by facility care staff.</p> <p>Observation on 5/29/25 at 10:36 A.M. of the memory care shower room showed:</p> <ul style="list-style-type: none"> <li>-An unknown resident was just escorted out the shower room.</li> <li>-The room had large section of missing floor tile.</li> <li>-Had build up grim in the corners shower room and shower stale.</li> </ul> <p>Observation on 5/29/25 at 10:50 A.M. of the shower room [ROOM NUMBER] hallway showed:</p> <p>The shower in the right side lower right corner, had exposed building stud and with missing tile or baseboard.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265362	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/29/2025
NAME OF PROVIDER OR SUPPLIER  Meadow View Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  2203 East Mechanic Street Harrisonville, MO 64701	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The back right lower corner floor tile and wall tile had black like mold substance build up noted.</p> <p>-Slight musty smell to the room.</p> <p>-The resident toilet was not clean old brown substance splatter on inside of the toilet bowl.</p> <p>During an interview on 5/29/25 at 10:30 A.M. Shower Aide B said:</p> <p>-He/she cleans and disinfects the shower after each resident use.</p> <p>-Housekeeping would be responsible for deep cleaning of the shower rooms.</p> <p>-He/she not aware any black mold like or grim buildup in 500 hallway showers room.</p> <p>During an interview on 5/29/25 at 10:36 A.M. Certified Medication Technician (CMT) B said:</p> <p>-He/she was not aware any mold like substance in the 500-hallway shower room.</p> <p>-He/she thought mold had been reported in the 200-hallway shower room.</p> <p>During an interview on 5/29/25 at 11:00 A.M. Housekeeper B said:</p> <p>-He/she was aware of possible black like mold build up in some of the resident's showers and in one resident room shower noted under shower mat.</p> <p>-He/she has not been instructed to clean deep clean the shower rooms.</p> <p>During an interview on 5/29/25 at 2:50 P.M. Registered Nurse (RN ) A said:</p> <p>-He/she was aware of the black mold like substance/ grim in the 200-hallway shower room.</p> <p>-The room had a musty odor noted.</p> <p>-He/she had not reported the concern to housekeeping or maintenance.</p> <p>During interview on 5/29/25 at 4:00 P.M. Maintenance Director said:</p> <p>He/she was not aware of missing tile or expose wall materials in the shower rooms.</p> <p>-Housekeeping would be responsible for the daily deep cleaning of the shower rooms and inspection for any mold or grim build up in the that room.</p> <p>-Facility staff would be responsible for reporting any missing tile or shower room maintenance needed to the maintenance team.</p> <p>-He/she would be responsible for checking the building eye wash station for any issue.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265362	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/29/2025
NAME OF PROVIDER OR SUPPLIER  Meadow View Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  2203 East Mechanic Street Harrisonville, MO 64701	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/she had just been notified of resident's room [ROOM NUMBER], shower floor having black grim mold buildup under a shower mat.</p> <p>During an interview on 5/29/25 at 4:40 P.M. Administrator said:</p> <p>-He/she would expect the nursing, bath aids, CNA's and housekeeping to notify administration staff of any mold, missing tiles or repairs need in shower rooms or any resident living area.</p> <p>-He/she would expect housekeeping staff and maintenance staff to ensure the shower rooms are monitored and maintained for cleanness and in good repair.</p> <p>Complaint # MO 00253529</p>		