STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265363	A. Building B. Wing	01/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverways Manor	403 Watercress Road, Box 969 Van Buren, MO 63965

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to limit the use of as needed (PRN) psychotropic (medication that affect a person's mental state) medication orders for 14 days for one resident (Resident #46) out of three sampled residents, and failed to ensure an appropriate diagnoses for the use of an antipsychotic (medication that treats mental disorders characterized by a disconnection from reality) medication for one resident (Resident #40) out of two sampled residents. The facility census was 46. Review of the facility's policy titled, Tapering Medications and Gradual Drug Dose Reduction, dated February 2025, showed: -The practitioner and staff identify symptoms for which a resident is receiving medication and monitor the resident for changes in those symptoms; -Behavior interventions are used to support the resident during and after GDR of a psychotropic medication. Review of the facility's policy titled, Psychotropic Medication Use, dated February 2025, showed: -Adequate indication for use refers to the identified, documented clinical rationale for administering medication; -Diagnosis alone does not necessarily warrant the use of psychotropic medication; -If a psychiatric diagnosis is part of the rationale for the use of psychotropic medication, there will be sufficient supporting documentation that the resident meets the criteria for that diagnosis; -PRN orders for psychotropic medications are limited to 14 days; -For psychotropic medications that are not antipsychotics if the prescriber believes it is appropriate to extend the PRN order beyond 14 days, they will document the rationale for extending the use and include the duration for the PRN order. 1. Review of Resident #40's medical record showed: -Date of admission [DATE]; -Diagnoses of dementia (a disorder marked by memory loss, personality changes, and impaired reasoning that interferes with daily functioning) with psychotic disturbance, depression (a serious medical illness that negatively affects how you feel, the way you think and how you act), anxiety (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
	265363	A. Building B. Wing	01/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverways Manor	403 Watercress Road, Box 969 Van Buren, MO 63965

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	disorder (persistent worry and fear about everyday situations), and insomnia (difficulty sleeping). Review of the resident's Physician's Order Sheet (POS), dated January 2026, showed: -An order for Seroquel (an antipsychotic medication) 100 milligram (mg) tablet, give 0.5 tablet by mouth once a day and 1 tablet by mouth once a day, related to unspecified dementia, with psychotic disturbance, dated 05/07/25. Review of the Seroquel manufacturer's safety information, the black box warning showed elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. Seroquel is not approved for elderly patients with dementia-related psychosis. Review of the resident's Gradual Dosage Reduction (GDR), dated 01/17/26, showed: -Seroquel 50 mg in morning and 100 mg at bedtime; -No changes should be made regarding the above regimen due to resident not being stable enough to handle dose reductions; -Resident no longer trying to walk without assistance and falls decreased; -No mention of any discrepancies with the manufacturer's black box warning, diagnosis or behaviors. Review of the resident's care plan, dated 12/18/25, showed: -Resident takes an antipsychotic medication Seroquel for dementia with psych behaviors; -Interventions included administer medication as ordered, invite resident to activities of interest and take time to talk and visit with him/her, and monitor for adverse reactions to medication and record. Contact physician as needed; -No mention of any discrepancies with the manufacturer's black box warning. 2. Review of Resident #46's POS, dated January 2026, showed: -Date of admission [DATE]; -Date of hospice admission [DATE]; -Diagnoses of dementia (a disorder marked by memory loss, personality changes, and impaired reasoning that interferes with daily functioning) with psychotic disturbance and hospice care (health care that focuses on the quality of life of a terminally ill person), started 12/18/25; - An order for lorazepam (an anti-anxiety medication) concentrate 2 milligram (mg)/milliliter (ml) 0.25, or 0.50, or 0.75, or 1 ml by mouth every one hour PRN for anxiety/terminal restlessness, dated 12/19/25; - The facility failed to provide a 14 day stop date order for the lorazepam. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265363	A. Building B. Wing	01/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverways Manor	403 Watercress Road, Box 969 Van Buren, MO 63965

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 01/21/26 at 1:20 P.M., the Director of Nursing (DON) said PRN psychotropics should all have a 14 day stop date. The DON said Dementia isn't usually an acceptable diagnosis for Seroquel, but thought, in Resident #40's case, it would be since the resident's dementia diagnosis included psychotic disturbances. The DON said she was aware of the black box warning for Seroquel. During an interview on 01/21/26 at 1:50 P.M., the Administrator said she would expect policy and procedures to be followed to include 14 day stop date for PRN psychotropics and appropriate documentation for behaviors and correct diagnosis.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265363	A. Building B. Wing	01/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverways Manor	403 Watercress Road, Box 969 Van Buren, MO 63965

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure placement of the urinary indwelling catheter (a tube inserted into the bladder to drain urine) drainage bag and tubing was maintained for one resident (Resident #10) out of two sampled residents. The facility census was 46.Review of the facility's policy titled, Catheter Care, Urinary, dated August 2022, showed:- Be sure the catheter tubing and drainage bag are kept off the floor. 1.Review of Resident #10's medical record showed:- admitted on [DATE];- Diagnosis of urinary retention. Review of the resident's Physician Order Sheet (POS), dated January 2026, showed:- An order to change the Foley (a type of indwelling catheter) catheter 16 French (size of the catheter) 30 millimeter (ml) balloon and bag, monthly on the 8th using sterile technique, dated 01/08/26. Review of the resident's Minimum Data Set (MDS - a federally mandated process for clinical assessment of all residents in certified nursing homes), dated 01/15/26, showed:- Used an indwelling catheter. Review of the resident's Care Plan, dated 01/08/26, showed:- Resident with an indwelling catheter;- Evaluate character of urine;- Provide Foley catheter care every shift and as needed;- Monitor urinary output every shift and document;- Assist the resident to the bathroom every two hours and as needed. Observations of the resident on 01/20/26 at 11:40 A.M., 2:05 P.M., and 3:27 P.M., showed:- The resident sat in a wheelchair, the catheter drainage bag hung from the wheelchair, a privacy cover covered the catheter drainage bag, and approximately eight inches of tubing lay on the floor. During an interview on 01/20/26 at 2:05 P.M., Resident #10 said staff hadn't given assistance with his/her catheter drainage bag or tubing since around lunch time. During an interview on 01/21/26 at 1:34 P.M., Nursing Assistant (NA) A said he/she had training and watched videos on catheter care. Catheter drainage bags should be placed on the side of the bed or on the wheelchair. The drainage bag should be in a dignity bag. The bag and tubing should not touch the floor. During an interview on 01/21/26 at 1:40 P.M., Licensed Practical Nurse (LPN) E said the catheter drainage bag should be in a dignity bag. The drainage bag should be hung from the side of the bed. The drainage bag and tubing should be kept off the floor completely. During an interview on 01/21/26 at 1:45 P.M., Certified Nursing Assistant (CNA) B said when checking on residents with a catheter, the drainage bag should be under the resident and hooked under the wheelchair or on the bed rail. It should be in a dignity bag and covered always. The drainage bag and tubing should be off the floor. During an interview on 01/21/26 at 1:49 P.M., CNA C said residents with a catheter should have the drainage bag placed under them between their knees and the tubing should not be on the floor. During an interview on 01/21/26 at 1:51 P.M., CNA D said residents with a catheter should have the catheter bag covered with a dignity bag and it should be completely off the floor. The tubing should also never touch the floor. During an interview on 01/21/26 at 2:00 P.M., the Director of Nursing (DON) said she expects the catheter drainage bag to be in a dignity bag and the drainage bag and tubing should not be in the floor. During an interview on 01/21/26 at 2:55 P.M., the Administrator said she would expect the staff to follow the facility's policy and procedure regarding keeping catheter drainage bags and tubing from touching the floor.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265363	A. Building B. Wing	01/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverways Manor	403 Watercress Road, Box 969 Van Buren, MO 63965

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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. Based on observations, interviews, and record review, the facility failed to maintain essential equipment in a safe and operable working condition. This deficient practice had the potential to affect all residents. The facility census was 46.The facility did not provide a policy for equipment maintenance. The facility did not provide current invoices related to commercial electric range repairs. Review of the Electric Range Estimates showed:- On 07/09/25, an estimate for a replacement of the electric range was obtained, but no further action taken;- On 08/07/25, an estimate for a replacement of the electric range was obtained, but no further action taken. Observation on 01/19/26 at 10:30 A.M., of the kitchen showed:- One commercial electric range with no working burner elements. During an interview on 01/20/26 at 11:42 A.M., Dietary Aide (DA) F said the soup was warmed in the oven because the top burners did not work on the electric range. During an interview on 01/20/26 at 11:48 A.M., the Dietary Manager (DM) said the electric range stove top was not working properly. There were no other burners on the electric stove to warm food. The burners had not worked for approximately six months. There were three top burner elements cracked and deformed, and a pot or skillet would not sit evenly on top of the burners. He/She was told not to use burners. The other elements on the electric stove top did not work at all and did not heat. Repairs had been requested to be made to the range multiple times in the last six months and there was a new Maintenance Supervisor (MS). The past Administrator was aware of the concern with the range and tried to get it replaced. The new Administrator was aware of the concern and had called for repairs. The oven section of the range did not heat properly, and cakes and cornbread did not cook evenly. The staff left the steam table on low because it could over boil and might need repairs. Staff warmed up soup in the oven and placed it on the steam table. Foods would need to be reheated that had cooled down. During an interview on 01/21/26 at 1:10 P.M., the MS said the electric range in the kitchen had been looked at by an outside contractor but not serviced, and the elements needed to be replaced. There was one bad burner out of 10 on the stove and no other issues than the top burner. He/She was not aware of any other problems with the range and hadn't heard the oven wasn't warming properly. During an interview on 01/21/26 at 2:38 P.M., the Administrator said the electric range burners were out of service and there might be an issue with the oven. There was a contractor here last Friday, but she didn't have a copy of an estimate available for the repairs. There were copies of estimates available from the past Administrator who wanted the range replaced several months ago. The range should be repaired or replaced.