STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265419	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Country View Nursing	2106 West Main Bowling Green, MO 63334

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to timely repair toilets in residents' bathrooms and failed to adequately repair the door to one resident's room. The facility census was 37.Review of the undated policy, Homelike Environment, showed the following:-The facility was responsible for providing the residents with a safe, clean, comfortable and homelike environment;-Part of this responsibility is maintaining the physical structure in good repair as well as maintaining the resident areas in a clean manner. Scratched doors, missing tiles, structural damage or environmental safety issues must be corrected;-In the event a staff member identifies an environmental issue their responsibility is to notify the Maintenance Director. Any identified issue should be logged in the maintenance binder at the nurse's station. A brief description of the issue as well as location should be entered into the log. If the issue is a safety hazard for the resident, the Maintenance Director should be contacted immediately as well as logging the issue into the maintenance binder. 1. During an interview on 5/21/26 at 11:30 A.M., the Administrator said around 04/03/26 to 04/15/26, the facility had an issue with toilet seat bolts breaking and this continued to be a current problem. The bolts were plastic and were constantly breaking. Review of a plumbing quote from the facility's plumber, dated 04/15/26, showed ten toilet seat bolts needed replaced. Review of the facility's maintenance log, dated 05/12/26, showed the following: -The toilet seat in Resident #1, #2 and #3's shared bathroom was missing a bolt; -The section for the date it was fixed was left blank. Observation on 5/21/26 at 9:35 A.M., in Resident #1, #2, and #3's shared bathroom showed the toilet seat was loose, missing a bolt, and was not secured in place. The armrest frame was loose and not secured in place. During an interview on 5/21/26 at 8:05 A.M., Resident #1 said the following:-His/Her toilet seat and the armrest support for the toilet were very loose and side to side when he/she tried to sit down or get off the toilet;-He/She fell about a month ago in his/her bathroom because the toilet seat and armrest support were loose;-He/She was afraid he/she would fall again because the toilet seat was not secured and had not been repaired;-Maintenance staff was aware the toilet seat was broken. During an interview on 5/21/26 at 9:30 A.M., Resident #2 said the following:-The toilet seat in his/her room was broken and had been broken for a couple weeks;-He/She fell on [DATE] because of the loose and broken toilet seat. He/She tried to get up and the toilet seat moved;-The staff were aware of the issues with the toilet. During interviews on 5/21/26 at 8:21 A.M. and 12:30 P.M., Resident #3 said the following:-His/Her toilet seat had been broken for a few weeks. The toilet seat moved around, and the armrest support was loose;-It made him/her very nervous when he/she used the bathroom, and he/she was worried he/she would fall. During an interview on 5/21/26 at 10:45 A.M., Maintenance Staff D said on 5/20/26, he/she was doing rounds with the plumber and got busy. The plumber was replacing toilets and repairing broken toilets. He/She did not follow up with the plumber to ensure the toilet seat in Residents #1, #2, and #3's shared bathroom was repaired. During an interview on 5/21/26 at 10:45 A.M., the Maintenance Supervisor said the following:-He/She was aware Resident #1, #2 and #3's toilet seat was not secured because the toilet seat was broken. It had been broken for a few weeks. He/She thought the (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
	265419	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Country View Nursing	2106 West Main Bowling Green, MO 63334

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	residents used a portable commode until the toilet was repaired;-The toilet armrest frame was not secured to the back of the toilet because he/she was waiting for the plumber to replace the bolts, so it could be secured in place;-The plumber came last week to look at the toilet seat but did not repair it. The plumber came back yesterday, so he/she assumed the plumber repaired the toilet. He/She did not do rounds with the plumber on 5/20/26;-The residents should not use the toilet until it was repaired. The toilet seat was unstable and spun around which was a fall risk. During interviews on 5/21/26 at 9:45 A.M., 10:50 A.M. and 1:50 P.M., the Administrator said he was aware the toilet seat in Resident #1, #2 and #3's bathroom was broken. He thought the residents used a portable commode and/or the toilet in the shower room until the toilet was repaired. He thought the plumber repaired the toilet on 5/20/26. The broken toilet was a fall risk for the residents in the room. 2. Review of the maintenance log showed the following:-On 3/30/26, the toilet in Resident #4 and #5's shared bathroom was noted to completely swivel;-On 04/03/26, the toilet was fixed;-There was no documentation on the log regarding continued issues regarding the toilet. Review of the maintenance log showed no documentation staff completed any further repairs on Resident #4 and #5's shared toilet. During interview on 5/21/26 at 9:10 A.M., Resident #4 said the following:-He/She was without a functioning toilet in his/her shared bathroom for two to three months. He/She used a commode in the middle of his/her room. Staff did not clean the commode well and it had odors;-The plumber just fixed the toilet. Review of the maintenance log showed the following:-On 05/05/26, Resident #5's door would not latch closed;-On 05/06/26, the door was adjusted;-There was no documentation on the maintenance log regarding the door making noises when it was closed or opened. Observation on 5/21/26 at 12:49 A.M. showed a hand towel hung over the top of Resident #5's door. The door squeaked loudly when the door opened or closed. During an interview on 5/21/16 at 12:50 P.M., Resident #5 said the following:-His/Her door made a horrible noise when it was opened or closed. His/Her door only closed if a towel was placed along the top of the door;-He/She was without a functioning toilet in his/her shared bathroom for over two months. He/She used a portable commode in the middle of his/her room. The commode in the middle of his/her room was undignified. The plumber just replaced the toilet the day before (5/20/26). During interviews on 5/21/26 at 10:45 A.M. and 1:02 P.M., the Maintenance Supervisor said the following:-The plumber replaced the toilet in Resident #4 and #5's shared bathroom on 5/20/26;-Resident #4 and #5 were without a functioning toilet for a couple of months;-He/She was unaware Resident #5's door squeaked when opened or closed. He/She thought Resident #5's door was fixed. During interviews on 5/21/26 at 9:45 A.M., 1:00 P.M. and 1:50 P.M., the Administrator said the following: -The facility tried to repair things in house if possible;-Corporate staff had to approve the toilet replacement in Resident #4 and Resident #5's shared bathroom before it could be replaced;-There were two issues with the toilet. On 2/24/26 a plumbing company replaced the toilet, and it was not fixed correctly. Approximately two weeks later, it was wobbly and unsafe to use. The facility maintenance staff tried to fix the toilet, but it was still unsafe to use. The facility hired a second plumbing company to repair the toilet;-It was approximately two months before residents were able to use the toilet again. The toilet was finally repaired on 5/20/26;-It was not homelike for a resident to use a portable commode in the middle of the room for over two months. 2994388

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265419	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Country View Nursing	2106 West Main Bowling Green, MO 63334

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a safe environment free of fall hazards for three residents (Residents #2, #1 and #3), in a review of six sampled residents, when the facility failed to repair a broken toilet seat and secure the toilet armrest frame for over two weeks in their shared bathroom. Residents #2 and #1 fell as a result of the broken toilet seat. The facility census was 37.Review of the facility policy, Falls-Clinical Protocol, dated September 2012, showed the following:-As a part of the initial assessment, the physician will help identify individuals with a history of falls and risk factors of subsequent falling;-The staff will document risk factors for falling in the resident's record and discuss the resident's falls risk;-Risk factors for subsequent falls include lightheadedness, or dizziness, multiple medications, musculoskeletal abnormalities, gait an balance disorders, cognitive impairment, weakness, environmental hazards, confusion, and visual impairment-In addition, the nurse shall assess and document/report precipitating factors, details on how the fall occurred;-For anyone who has fallen, staff will attempt to define possible causes within 24 hours of the fall;-Causes refer to factors that are associated with or that directly result in a fall; for example, a balance problem caused by an old or recent stroke;-Often, multiple factors in varying degrees contribute to falling problem. 1. Review of a plumbing quote, dated 4/15/26, showed 10 toilet seat bolts needed replaced. During an interview on 5/21/26 at 11:30 A.M., the Administrator said between 4/03/26 and 4/15/26, the facility had an issue with toilet seat bolts breaking and continued to have a problem. The bolts were plastic and were constantly breaking. 2. Review of Resident #2's face sheet showed the resident's diagnoses included legal blindness, muscle weakness, dizziness and giddiness, and repeated falls. Review of the resident's care plan, dated 05/06/26, showed the following:-The resident had impaired visual function related to blindness and glaucoma;-The resident was at risk of falls related to history of falls and other disease processes;-The resident had limited physical mobility and required assistance of one staff for ambulation due to blindness;-The resident required one staff to assist with toileting. Review of the facility's maintenance log, dated 5/12/26, showed the following:-The toilet seat in the resident's room was missing a bolt; -The section for the date it was repaired was left blank. Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument, completed by the facility staff, dated 5/15/26, showed the following:-The resident's vision was severely impaired. The resident had no vision or only saw light colors or shapes; his/her eyes did not appear to follow objects;-Cognitively intact;-The resident walked with a walker;-Required partial to moderate assistance with toilet transfers;-Once standing, the resident required supervision or touch assistance when walking 10 feet. Review of the resident's event report, dated 5/20/26 at 4:20 A.M., showed the following:-The resident was on his/her knees in his/her bathroom. He/She had an abrasion to his/her right knee. The resident said he/she was trying to get off the toilet when he/she fell;-Predisposing environmental factors: other;-Predisposing physiological factors: visual impairment;-The resident said the toilet seat needed to be replaced due to it being too high. During an interview on 5/21/26 at 9:30 A.M., the resident said the following:-The toilet seat in his/her room was broken, and the armrests on each side of the toilet were loose and moved when he/she tried to sit down or get up off of the toilet; -The toilet had been broken for a couple weeks;-He/She fell yesterday morning because the toilet seat was loose and broken. He/She tried to get up and the toilet seat moved. He/She fell to the floor. His/Her right knee was sore;-He/She was blind and the issues with the toilet made him/her afraid to use the bathroom in his/her room;-The staff were aware of the issues with the toilet, but he/she was not sure why they had not repaired the toilet. Observation on 5/21/26 at 9:35 A.M., in resident's bathroom showed the toilet seat was missing a bolt and was not secured to the toilet. The toilet armrest frame was loose and not secured in place. There was no portable commode available in the bathroom or in the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265419	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Country View Nursing	2106 West Main Bowling Green, MO 63334

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	resident's room. During an interview on 5/21/26 at 12:25 P.M., Licensed Practical Nurse (LPN) E said the following:-On 5/20/26, the previous nurse told him/her during shift-to-shift report the resident fell off the toilet; -The direct care staff said it was because the resident's toilet seat was loose and broken;-He/She did not assess the resident's toilet or talk to the resident about the fall;-The residents were to use portable commodes when their toilets were broken;-He/She did not check to see if staff placed a portable commode in the resident's room; -On 5/20/26, he/she told the Administrator about the resident's broken toilet; -He/She also told Maintenance Staff D the resident's toilet seat was broken. 3. Review of Resident #1's undated face sheet showed the resident's diagnoses included hemiplegia (complete paralysis of one side of the body), hemiparesis (partial weakness or reduced strength) following cerebral infarction (stroke), dementia, and muscle weakness. Review of the resident's care plan, dated 3/11/26, showed the following:-The resident had hemiplegia/hemiparesis related to a stroke;-Encourage the resident to notify staff if he/she needed assistance with activities of daily living (ADLs) as needed;-Assess clothing for proper fit, be sure call light was within reach and encourage the resident to use the call light for assistance. Review of the resident's unwitnessed fall report, dated 4/20/26 at 11:00 A.M., showed the following:-The resident lay on the bathroom floor on his/her left side in front of the toilet. The resident said he/she slipped while trying to get in his/her wheelchair from the toilet;-The resident was oriented to person, place, time and situation;-Predisposing physiological factors was gait imbalance;-Predisposing situation factors was ambulating without assistance, improper footwear and using wheelchair. Review of the resident's care plan showed no documentation the resident fell on 4/20/26 or evidence to show staff reviewed or revised the resident's care plan to prevent future falls. Review of the facility's maintenance log, dated 5/12/26, showed the following:-The toilet seat in the resident's room was missing a bolt; -The section for the date it was repaired was left blank. Review of the resident's quarterly assessment, dated 5/15/26, showed the following:-Cognitively intact;-Upper and lower extremity impairment on one side;-Used a wheelchair for mobility;-Required supervision or touching assistance with toilet transfers;-The resident had two more falls with no injury since the last assessment. During an interview on 5/21/26 at 8:05 A.M., the resident said the following:-His/Her toilet seat and the armrest support for the toilet were very loose and moved side to side when he/she tried to sit down or get off the toilet;-He/She fell about a month ago in his/her bathroom because the toilet seat and armrest support were loose;-He/She was afraid he/she would fall again because the toilet seat was not secured and had not been repaired;-Maintenance staff was aware the toilet seat was broken. Observation on 5/21/26 at 9:35 A.M., in resident's bathroom showed the toilet seat was missing a bolt and was not secured to the toilet. The toilet armrest frame was loose and not secured in place. There was no portable commode available in the bathroom or in the resident's room. 4. Review of Resident #3 comprehensive MDS, dated [DATE], showed the following:-The resident was cognitively intact;-Used a walker and wheelchair for mobility;-Required supervision or touch assistance with toilet transfers;-The resident had one fall without injury since the last assessment. Review of the resident's care plan, dated 3/18/26, showed the following:-The resident required assistance from one staff to transfer and to walk with a wheeled walker; -The resident was at risk of falls and had a history of falls. Review of the facility's maintenance log, dated 5/12/26, showed the following:-The toilet seat in the resident's room was missing a bolt; -The section for the date it was repaired was left blank. Observation on 5/21/26 at 9:35 A.M., in resident's bathroom showed the toilet seat was missing a bolt and was not secured to the toilet. The toilet armrest frame was loose and not secured in place. There was no portable commode available in the bathroom or in the resident's room. During interviews on 5/21/26 at 8:21 A.M. and 12:30 P.M., the resident said the following:-His/Her toilet seat had been broken for a few weeks. The toilet seat moved around, and the armrest support was loose;-It made him/her very nervous when he/she used the bathroom, and he/she was worried he/she would fall;-Today, he/she had to sit on the toilet for over 15 minutes because he/she was afraid to get up, as he/she may fall. He/She usually could get off the toilet on his/her own. He/She (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265419	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Country View Nursing	2106 West Main Bowling Green, MO 63334

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	had to wait on staff to answer his/her call light and assist him/her off the toilet. 5. During an interview on 5/21/26 at 10:45 A.M., Maintenance Staff D said on 5/20/26, he/she was doing rounds with the plumber and got busy. The plumber was replacing and repairing broken toilets. He/She did not follow-up with the plumber to ensure the plumber repaired the toilet seat in Residents #1, #2, and #3's shared bathroom. During an interview on 5/21/26 at 10:45 A.M., the Maintenance Supervisor said the following:-He/She was aware the toilet seat in the residents' room was not secured because the toilet seat was broken. It had been broken for a few weeks. He/She thought the residents used a portable commode until the toilet was repaired;-The toilet armrest frame was not secured to the back of the toilet because he/she was waiting for the plumber to replace the bolts so it could be secured in place; -The plumber came last week to look at the toilet seat, but did not repair it. The plumber came back yesterday, so he/she assumed the plumber repaired the toilet. He/She did not do rounds with the plumber yesterday; -The residents should not use the toilet until it was repaired. The toilet seat was unstable and spun around which was a fall risk. During an interview on 5/21/26 at 1:05 P.M., the Director of Nursing (DON) said the following:-Resident #2 fell yesterday morning. She was not aware the resident's toilet seat was broken or not secured. She thought the resident was having difficulty getting off the toilet because the toilet seat was too high, and the resident had balance problems; -LPN E mentioned there was an issue with the toilet, but he/she was not sure what was wrong with it. She did not talk to the resident after the resident fell and did not assess the resident's toilet;-She expected staff to determine the root cause of a resident's fall and to put interventions in place and to review and update the care plan. -She expected maintenance staff to repair the toilet. During interviews on 5/21/26 at 10:50 A.M. and 1:50 P.M., the Administrator said the following: -He was aware the toilet seat in the residents' bathroom was broken. He thought the residents used a portable commode and/or the toilet in the shower room until the toilet was repaired. The broken toilet was a fall risk for the residents in the room;-He was not aware Resident #2 fell yesterday morning in his/her bathroom. He was not in the morning meeting when staff discussed the resident's fall;-Staff should discuss all falls in the morning meetings including all the details of what happened so staff could put appropriate interventions in place to prevent future falls. Complaint 2994388