

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265430	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Arbor View Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6400 the Cedars Court Cedar Hill, MO 63016	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46555</p> <p>Based on observation, interview, and record review, the facility failed to provide consistent resident care for activities of daily living (ADLs) when the residents went an extended amount of time without showers for three residents (Resident #1, #2, and #3) out of 6 sampled residents. The facility's census was 92.</p> <p>The facility did not provide a policy regarding showers.</p> <p>1. Review of Resident #1's medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - Diagnoses of chronic obstructive pulmonary disease (COPD) with acute exacerbation (disease that makes breathing difficult), type 2 diabetes mellitus with hyperglycemia (trouble controlling blood sugar), need for assistance with personal care, conversion disorder with seizures or convulsions (a condition where psychological distress manifests as physical symptoms, including seizures), and Parkinson's disease without dyskinesia (Parkinson's without involuntary movements). <p>Review of the resident's quarterly Minimum Data Set (MDS, a federally mandated assessment completed by the facility), dated 01/01/25, showed:</p> <ul style="list-style-type: none"> - Cognitive status intact; - Partial or moderate assistance for dressing; - Partial or moderate assistance for toileting; - Supervision or touching assistance for personal hygiene; - Partial or moderate assistance for bathing. <p>Review of the resident's care plan, dated 02/04/25, showed:</p> <ul style="list-style-type: none"> - The resident with an ADL self-care performance deficit due to decreased mobility, poor endurance, and chronic health conditions. <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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 02/06/25 at 10:25 A.M. showed the resident lay in bed with disheveled, unkempt hair, sticking out and falling out of a pony tail.</p> <p>During an interview on 02/06/25 at 10:25 A.M., Resident #1 said he/she will go weeks without a shower. He/she said staff will tell him/her they didn't have the time or enough staff to complete his/her shower. Resident #1 said staff will mark the shower sheets as refused when he/she did not refuse the shower. Staff will promise him/her they will complete the shower the next day, but will still not have time, which causes him/her to go weeks without getting to shower.</p> <p>Review of the facility shower schedule showed Resident #1's shower days to be Wednesday and Saturday.</p> <p>Review of the resident's shower sheets for December 2024 through January 2025, showed:</p> <ul style="list-style-type: none"> - In December 2024, 2 showers documented out of 8 opportunities, a total of 6 opportunities for showers missed; - In January 2025, 3 showers documented out of 9 opportunities, a total of 6 opportunities for showers missed. <p>2. Review of Resident #2's medical record showed:</p> <ul style="list-style-type: none"> - admitted [DATE]; - Diagnoses of type 2 diabetes mellitus with diabetic neuropathy (trouble controlling blood sugar), unspecified, chronic respiratory failure, unspecified whether with hypoxia or hypercapnia (trouble breathing), COPD, unspecified, chronic kidney disease, stage 3b (kidneys not working properly), and acquired absence of left leg above knee (lower leg removed). <p>Review of the resident's quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> - Cognitive status intact; - Dependent on staff for dressing; - Dependent on staff for toileting; - Dependent on staff for personal hygiene; - Dependent on staff for bathing. <p>Observation on 02/06/25 at 10:15 A.M. showed the resident with disheveled, unkempt and greasy hair.</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 - Few</p>	<p>During an interview on 02/06/25 at 10:15 A.M., Resident # 2 said he/she will go weeks without a shower and would like to be showered more often. He/she said staff will not clean him/her which has caused him/her to be very smelly around the private area and has caused issues with yeast and sores on his/her body. Resident #2 said it is embarrassing and he/she is self conscious about his/her body odor and unkempt appearance.</p> <p>Review of the facility shower schedule showed Resident #2's shower days to be Monday and Thursday.</p> <p>Review of the resident's shower sheets for December 2024 through January 2025, showed;</p> <ul style="list-style-type: none"> - In December 2024, 1 shower documented out of 7 opportunities, a total of 6 opportunities for showers missed; - In January 2025, 1 shower documented out of 7 opportunities, a total of 6 opportunities for showers missed. <p>3. Review of Resident #3's medical record showed:</p> <ul style="list-style-type: none"> - admitted [DATE]; - Diagnoses of cerebral palsy (congenital disorder of movement, muscle tone, and posture), pseudobulbar affect (inappropriate laughing or crying due to a nervous system disorder), dysphagia, oropharyngeal phase (difficulty swallowing food or liquid), schizophrenia (a disorder that affects a person ability to think, feel, and behave clearly), unspecified, and moderate intellectual disabilities (developmental delay that affects a person's ability to understand and use language, communicate and learn). <p>Review of the resident's quarterly MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> - Cognitive status moderately impaired; - Dependent on staff for dressing; - Dependent on staff for toileting; - Dependent on staff for personal hygiene; - Dependent on staff for bathing. <p>Review of the resident's care plan, dated 02/04/25, showed:</p> <ul style="list-style-type: none"> - The resident to have an ADL self-care performance deficit related to cerebral Palsy. <p>Observation on 02/06/25 at 10:15 A.M. of Resident #3 showed:</p> <ul style="list-style-type: none"> - Disheveled hair; - Hair on upper lip; <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 - Few</p>	<p>- Food on front of shirt and in lap;</p> <p>- Faint smell of urine.</p> <p>Review of the facility shower schedule showed Resident #3's shower days to be Wednesday and Saturday.</p> <p>Review of the resident's shower sheets for December 2024 through January 2025, showed;</p> <p>- In December 2024, 4 showers documented out of 8 opportunities, a total of 4 opportunities for showers missed;</p> <p>- In January 2025, 5 showers documented out of 9 opportunities, a total of 4 opportunities for showers missed.</p> <p>During an interview on 02/06/25 at 1:51 P.M., the Assistant Director of Nursing (ADON) said the aides that work the halls should be completing the resident showers following the shower schedule. They should fill out a shower sheet every time. Staff should write refused on them if the resident does not want to have a shower. The ADON said if the resident can shower themselves, the staff should still be completing a shower sheet. The ADON said they have had issues with some staff not completing them. He/she said they have been trying to weed out the bad seeds and feels like staff have been doing better about completing them in the last couple of weeks.</p> <p>During an interview on 02/06/24 at 4:09 P.M., Certified Nurse Aide (CNA) A and CNA B said there is a binder at the front desk that tells who staff are supposed to shower for the day. CNA A and B both said they complete a shower sheet each time if the resident refuses a shower or if the resident completes the shower by himself/herself. They both said if a resident showers independently, they stand by in case they need something. Both aides said they will sign the shower sheet, the resident will sign the shower sheet and the DON will take the shower sheet to upload in the chart. Both aides denied they have ever marked refused if they do not actually refuse to take a shower and always complete their shower sheets.</p> <p>During an interview on 02/06/25 at 4:15 P.M., the Interim Director of Nursing (DON) said there's a basket at the nurse's station and the aides put the completed shower sheets in and she will file them to be scanned in the chart. He/she said sometimes the CNAs in the evening will say they are too busy to get them completed. He/she said some aides are good about completing shower sheets and others are not. He/she said the evening shift struggles to get showers completed. He/she said there is an alert in the electronic records system that will pop up to say when a resident hasn't had a shower in seven days. He/she says when those alerts pop up, he/she will complete a shower sheet and take it to the nurse to tell them the resident must have a shower that day. He/she said there are residents that will refuse showers. He/she said they will verify when the residents refuse the showers.</p> <p>Complaint #MO00249132</p>		