

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265437	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/19/2025
NAME OF PROVIDER OR SUPPLIER  Avalon View Health and Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE  1200 West College Street Liberty, MO 64068	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</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

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on interview and record review the facility failed to ensure the environment for one (Resident #1) of five sampled residents remained free of accident hazards and additionally failed to follow their own transportation policy when the resident was injured during transportation in facility vehicle as a result of not being properly restrained and supervised by the facility designated driver. The facility census was 111. Review of the facility's Transportation Driving Safety Policy, dated reviewed on 08/10/24, showed:- It is the drivers responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage;- Drivers of company vans, buses, or vehicles carrying patients should have at least three years of driving experience and will be required to complete initial and annual training per manufacturers guidelines to include how to properly restrain a wheelchair and use of safety mechanisms for residents in wheelchairs per manufacturers guidelines and van safety;- The driver shall ensure each passenger is properly restrained to include wheelchair(s) properly fastened and shoulder strap in place and/or passenger seat belts are properly latched;- All drivers and passengers operating or riding in a company vehicle must wear seat belts. On 09/19/2025, the Administrator was notified of the past noncompliance which occurred on 08/25/25. On 08/25/25, facility administration conducted an investigation immediately began and implemented corrective actions to include:- Resident #1 was assessed, primary physician notified, and family notified;- Employee #1 and Director of Maintenance were suspended pending the investigation;- Administrator/designee re-educated the Director of Maintenance;- All staff who are responsible for transportation were re-educated using facility competency that follows manufacturer's guidelines for transport safety restraints and have completed return demonstrations on use prior to future transports;- Facility has a standard competency to ensure proper demonstration is performed by all staff responsible for resident transport prior to transporting residents (which had been provided and reviewed); - The senior maintenance director inspected the facility van including safety restraints to ensure all components are in good working order prior to resident transport and the inspections will be audited by the Administrator for compliance; - Facility will validate driving record for staff who are responsible for transporting residents and the validations will be monitored by the Administrator ; - Future employees that will be transporting residents in the facility van will be educated on manufacturer guidelines and perform competency demonstrations prior to transporting residents. Monthly audits will be performed by maintenance to ensure all components are in proper working condition. -The non-compliance was corrected on 09/02/25.1. Review of Resident#1s Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 8/23/25, showed:- Cognitive skills intact;- Dependent on staff for all cares;- Diagnoses included: Central cord syndrome at unspecified level of cervical spinal cord, contractures, and neurogenic bladder. Review of Resident #1's care plan, revised 8/28/25, showed:- The resident was hit by a bus last year causing major injuries. Trauma informed care assessment will be administered upon quarterly, annually, and as needed - Trauma informed care assessment was re-administered on 8/26/25;- The resident is non-weight bearing;- The resident is dependent on staff for bathing, toileting, and transfers;- The resident has limited physical mobility related to central cord syndrome (a type of incomplete spinal cord injury that affects the upper motor neurons in the center of the spinal cord. This damage leads to weakness, sensory loss, and other neurological problems primarily in the arms and hands). Review of nursing progress notes showed:- On 8/25/25 at 6:17 P.M. Licensed Practical Nurse (LPN) A documented the resident was in facility van being transported from appointment. When the driver stopped at red light, the resident slid out of wheelchair to floor and landed on his/her left side. The resident hit the left side of his/her face/forehead on the back of the driver's seat. No redness/swell to face/forehead. The resident denies pain;- On 8/25/25 at 6:18 P.M. the Director of Nursing (DON) documented the physician was notified and new orders obtained to monitor the resident for decreased range of motion (ROM) in extremities, obtained vital signs (VS) every shift, and to monitor for worsening pain from baseline for 72 hours. The resident currently doesn't have any new onset of pain. ROM is at baseline;- On 8/28/25 late entry-with effective date 8/26/25 at 10:15 A.M. Interdisciplinary Team (IDT) Progress note: IDT team met and discussed residents fall. Resident is alert and oriented and able to make his/her needs known. Resident was in wheelchair at the time of fall and slid out of wheelchair. Resident has bilateral lower extremity contractures at knee level at baseline. The resident denies any worsening or new onset of pain. Nonslip mat applied to wheelchair to help aid in traction and prevent resident from slipping out of wheelchair. All parties notified During an interview on 9/3/25 at 10:40 A M the</p>		