

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/11/2026
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)		
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure the registered nurse working as the charge nurse had a current nursing license. The facility census was 129. On [DATE], the Administrator was notified of the past noncompliance which occurred on [DATE]. On [DATE] facility administration was notified of the incident, an investigation immediately began, and corrective actions were implemented to include; complete audit of all employee files to ensure all staff licenses are current and complete audit of all resident's medical records. All residents were interviewed, and no concerns were noted. The Administrator now reviews all potential new staff hires to ensure all required licenses are current. The noncompliance was corrected on [DATE]. The facility did not provide a policy and procedure regarding licenses verification. Review of the facility's undated Registered Nurse Job Description showed: -The Registered Nurse (RN) is responsible for ensuring the delivery of efficient and effective nursing care while achieving positive clinical outcomes and resident/family satisfaction in accordance with accepted standards of practice, state and federal regulations and licensing requirements. Operates within the scope of practice defined by the state Nurse Practice Act. Responsible for resident care and direction of nursing care during assigned shifts; includes staff assignments, mentoring, and educating nursing personnel, working with physicians and other medical professionals. -Principal Responsibilities include admit/transfer/discharge residents, participate in facility surveys, assume nursing administrative responsibilities of the center as requested, ensures physician orders are followed as prescribed. -Direct Care Responsibilities include charting progress notes, reporting of incidents/accidents, identifies/reports changes in condition, accurately identifies skin changes, orders and reports diagnostic tests, counts narcotics at beginning and completion of shift, follows policy and procedures for medication order and delivery, assists in meal services, participates and conducts investigations related to any alleged abuse as appropriate, ensures approaches on care plan are being followed. -Special Nursing Care Responsibilities include demonstrating knowledge and ability to work with feeding tube/colostomy care/catheter care, demonstrating knowledge and ability to implement positioning techniques, emergency procedures, intravenous (IV) care, suctioning of residents, and collection of lab specimens. -General Responsibilities include attending and participating in scheduled trainings/education classes/meetings to maintain current certifications and adheres to established employee policies. -Understands, upholds and promotes resident rights. -Follows established safety policies and procedures. -Qualifications include being a graduate of an approved Registered Nurse program and licensed in the state of practice, required. Review of correspondence provided by the Missouri State Board of Nursing on [DATE], showed RN A was notified by letter and e-mail on [DATE], at 11:01 A.M., that his/her nursing license had been revoked. Review of the facility investigation showed on [DATE], Human Resources Officer (HRO) was conducting an audit of all employee files when he/she discovered that Registered Nurse (RN) A had been working as a nurse at the facility without a valid nursing license. HRO was not available for interview. Review of RN A's employee file on [DATE] showed: -RN A applied for a nursing position on [DATE]. A check of RN A's nursing license was run on (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
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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	[DATE]. This check showed RN A's nursing license expired on [DATE]. -RN A was hired by the facility on [DATE]. His/her employment was terminated on [DATE] after it was discovered his/her nursing license was expired. During an interview on [DATE] at 1: 45 P.M., the Administrator said:-It is his/her expectation that all staff employed at the facility have the appropriate, current license. -It is his/her expectation that all information for potential employees be verified through the appropriate agencies, including required licensures.Intake 3027356		