STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265437	A. Building B. Wing	09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avalon View Health and Wellness	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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure staff invoked (activated by verifying incapacity of the resident to make decisions) Durable [NAME] of Attorney (DPOA) prior to allowing the designated agent to make medical decisions for the resident. The facility also failed to ensure two residents had designated individuals to make medical decisions when the resident was declared incapacitated by two physicians. This affected seven of eleven sampled residents (Residents #33, #48, #53, #63, #73, and #95). The facility census was 111.Review of the facility's Residents' Rights Regarding Treatment and Advanced Directives Policy, dated 2021, showed:-It is the policy of this facility to support and facilitate a resident's right to request, refuse and/or discontinue medical or surgical treatment and to formulate an advanced directive. -Advanced directive is defined as a written instruction, such as a living will or durable power of attorney for health care, recognized under State law (whether statutory or a recognized by the courts of the State), relating to the provision of health care when the individual is incapacitated. -On admission, the facility will determine if the resident has executed an advanced directive, and if not, determine whether the resident would like to formulate an advanced directive. -The facility will periodically assess the resident for decision making abilities and approach the health care proxy or legal representative if the resident is determined not to have decision making capacities. -The facility will identify or arrange for an appropriate representative for the resident to serve as primary decision maker if the resident is assessed as unable to make relevant health care decisions. 1. Review of Resident #33's electronic medical record on 9/17/2025 showed:-He/she has the diagnoses of history of traumatic brain injury, bipolar disorder (a mental health condition characterized by periodic, intense emotional states affecting a person's mood, energy, and ability to function), impulse disorder (a behavioral condition that makes it difficult to control one's actions or reactions), psychosis not due to a substance or known physiological condition (a mental disorder characterized by a disconnection from reality), dementia with agitation (a group of thinking and social, and major depressive disorder (a mental health condition characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life). -Review of the quarterly Minimum Data Set (MDS, a federally mandated assessment completed by staff) dated 7/11/2025, showed he/she scored 10 on the Brief Interview for Mental Status (BIMS, a structured evaluation aimed at evaluating aspects of cognition in elderly patients). This score indicates moderately impaired cognition. -Review of the comprehensive care plan showed interventions related to residing on the memory care unit due to a risk for elopement and exit seeking, aggression toward staff and other residents, delusions and impaired cognitive functioning. -A Certificate of Capacity stating Resident #33 is incapacitated due to the diagnosis of dementia and the Durable Power of Attorney (DPOA)/Health Care Directive should be invoked at this time. This was signed by Physician A on 7/7/2021 and Physician B on 8/22/2021. -There is no guardianship, DPOA, or Health Care Directive in place for Resident #33. -Resident #33 signed his/her vaccination consent forms on 9/13/2022, 11/15/2022, 5/12/2023, 10/20/2024, and 4/16/2025. 2. Review of Resident #48's electronic medical record on 9/17/2025 showed:-He/she has the diagnoses of Alzheimer's (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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Disease (a progressive disease that destroys memory and other important mental functions), mood disorder (a mental health condition characterized by persistent and pervasive change in a person's emotional state), chronic obstructive pulmonary disease (COPD, a group of lung diseases that block airflow and make it difficult to breathe), generalized anxiety disorder (a mental health disorder characterized by severe, ongoing anxiety that interferes with daily activities), dysphagia (difficulty swallowing), major depressive disorder. -Review of the Annual MDS, dated [DATE] showed he/she has a BIMS score of 3. This score indicates severely impaired cognition. -Review of the comprehensive care plan showed interventions related to cognition/memory loss, depression/anxiety, residing on the memory care unit due to elopement risk and wandering, communication, and hospice care. -A Certificate of Capacity stating Resident #48 is incapacitated due to the diagnoses of cognitive impairment/dementia. It was signed by Physician C on 5/28/2021 and Physician B on 6/6/21. -There is no guardianship, DPOA, or Health Care Directive in place. -The resident gave verbal consent for vaccines on 9/2/2022.-The resident's son gave verbal consent to decline vaccinations for the resident on 12/5/2022, 10/7/2024, and 9/4/2025. 3. Review of Resident #53's electronic medical record on 9/17/2025 showed:-He/she has the diagnoses of COPD, type 2 diabetes mellitus with circulatory complications (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), vascular dementia (a type of cognitive decline caused by damage to the blood vessels in the brain), chronic kidney disease (a progressive irreversible conditions where the kidneys are damaged and lose their ability to filter waste and fluids from the blood), and major depressive disorder. -Review of the resident's quarterly MDS dated [DATE] showed he/she scored 9 on the BIMS. This score indicates moderately impaired cognition. -Review of the comprehensive care plan showed residing on the memory care unit, risk for behaviors related to vascular dementia, cognition/memory loss, communication, and mood problem. -The resident has a Living Will on file, stating the resident's daughter is his/her Personal Representative. -There are no letters/certificates of capacity on file for the resident. -The resident's daughter gave verbal consent for the resident to receive vaccines on 4/2/2025. 4. Review of Resident #63's electronic medical record on 9/17/25 showed:-The resident has the diagnoses of chronic kidney disease, dysphagia, vascular dementia, anxiety disorder, and major depressive disorder.-Review of the resident's quarterly MDS, dated [DATE], showed the resident scored 12 on the BIMS. This score indicates moderately impaired cognition. -Review of the comprehensive care plan showed interventions related to residing on the memory care unit, impaired cognition/dementia, and depression/anxiety.-The resident has a DPOA on file, stating it is invoked when the resident is certified incapacitated by one physician. The document names the resident's son as his/her Power of Attorney. -There are no letters/certificates of capacity on file for the resident. -The resident's son gave verbal consent for the resident to receive vaccines on 4/3/2025. 5. Review of Resident #73's electronic medical record on 9/17/2025 showed:-He/she has the diagnoses of chronic kidney disease, bipolar disorder, mild neurocognitive disorder (a condition characterized by a subtle decline in cognitive abilities, such as memory, attention, language, and problem-solving, that is significant enough to be noticed by the individual or others but does not interfere significantly with daily functioning), and dementia.-Review of the resident's significant change MDS, dated [DATE], he/she scored 11 on the BIMS. This score indicates moderately impaired cognition. -Review of the comprehensive care plan showed interventions related to residing on the memory care unit.-The resident has a DPOA on file, naming his/her brother as the Power of Attorney. The DPOA document does not specify when the DPOA is invoked, thus requiring two physician statements of incapacity per Missouri state statute. -There are no letters/certificates of capacity on file for the resident. -The resident's brother verbally declined for the resident to receive vaccines on 4/1/2025. 6. Review of Resident #95's electronic medical record on 9/17/25 showed:-He/she has the diagnosis of dementia with agitation. -Review of the resident's quarterly MDS dated [DATE], showed the resident scored 5 on the BIMS. This score indicates severely impaired cognition. -Review of the comprehensive care plan showed interventions related to residing on the memory care unit, and (continued on next page)

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	impaired cognitive functioning/dementia.-The resident has a DPOA for Health Care document on file, naming his/her mother as Power of Attorney. The document states that the DPOA is effective when two physicians decide and certify the resident is incapacitated and unable to make and communicate a health care decision.-There are no letters/certificates of capacity on file for the resident. -The resident's mother signed the vaccination declination forms for the resident on 4/30/2025. During an interview on 9/19/25 at 11:25 A.M., the Social Services Designee (SSD) said:-He/she was unaware that there are residents in the facility whose family members were making medical decisions for the resident, without the resident's Durable Power of Attorney being invoked.-He/she was unaware that there are two residents that have letters of incapacity on file but have no guardian or DPOA in place. -He/she knows that a resident's DPOA has to be invoked before the person named in the DPOA can make a decision for the resident. During an interview on 9/19/25 at 11:25 A.M., the Administrator said:-He/she was unaware there are residents in the facility whose family members were making medical decisions for the resident, without the resident's DPOA being invoked.-He/she was aware that there are two residents in the facility who have been declared incapacitated by two physicians but have no guardians or DPOA in place. -Residents #33 and #48 were transferred from another skilled facility and had letters of incapacity in place prior to admission to this facility. -The facility has started the process with an attorney for Resident #48 to obtain a guardian. -He/she knows someone other than the resident cannot make medical decisions for the resident if the DPOA has not been invoked.