

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265521	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/12/2023
NAME OF PROVIDER OR SUPPLIER  Seville Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 35625 Highway 72 Salem, MO 65560	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>42815</p> <p>Based on interviews and record review, facility staff failed to notify the physician in a timely manner for one resident (Resident #1) who stated he/she felt like harming himself/herself. The facility census was 44.</p> <p>1. Review of the facility's policy titled, Behavioral Assessment, Intervention and Monitoring, dated February 2023, showed staff were directed to do the following:</p> <ul style="list-style-type: none"> <li>-Any resident with a behavior that has been identified would present a potential danger to either himself/herself or other residents will be placed on increased visual monitoring, unless other immediate interventions are needed;</li> <li>-The charge nurse will notify the attending physician and family of the behavior.</li> </ul> <p>2. Review of Resident #1's Admission Minimum Data Set (MDS), a federally mandated assessment tool, dated 10/22/23, showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-Did not exhibit signs of feeling down, depressed or hopeless or thoughts he/she would be better of dead, or of hurting themselves in some way;</li> <li>-Diagnosis of depression (a mood disorder that causes a persistent feeling of sadness and loss of interest) and manic depression (a mental illness that causes unusual shifts in a person's mood, energy, activity levels, and concentration).</li> </ul> <p>Review of the resident's care plan showed staff documented the following:</p> <ul style="list-style-type: none"> <li>-11/13/23: Resident uses an antidepressant medication related to depression. Contact the medical director for signs or symptoms of depression unaltered by antidepressant medications, including suicidal ideation's, negative mood or comments, changes in condition and anxiety;</li> </ul> <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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 265521	If continuation sheet Page 1 of 3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265521	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/12/2023
NAME OF PROVIDER OR SUPPLIER  Seville Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  35625 Highway 72 Salem, MO 65560	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's medical record, dated 12/04/23, showed staff documented the resident said he/she is depressed and felt like he/she was going to self-harm. Staff contacted the guardian and the Director of Nursing (DON). Staff documented they contacted the guardian to switch the resident's room and to resolve the conflict between the resident and another resident but the guardian denied the request because he/she felt it would allow the resident to not learn how to resolve conflicts. Review of the progress not did not contain documentation staff notified the resident's physician of his/her statement of self-harm.</p> <p>Review of the resident's medical record, dated 12/04/23 through 12/05/23, showed staff documented they performed 15 minute checks on the resident. Review of the progress note did not contain documentation staff notified the resident's physician of his/her statement of self-harm.</p> <p>During an interview on 12/11/23 at 1:42 P.M., the resident said he/she told staff he/she wanted to hurt himself/herself about a week ago, but did not have a plan. The resident said staff came in and spoke with him/her in regard to the statement of self-harm to see if he/she had a plan and he/she said he/she did not have a plan. He/She said he/she had not made statements of self-harm to the staff prior to 12/04/23.</p> <p>During an interview on 12/11/23 at 2:05 P.M., the resident's guardian said the resident had a history of attention seeking behaviors. He/She staff did contact him/her in regard to the statement of self-harm and he/she believed it was for attention. He/She said the facility contacted him/her a few moments before the resident harmed himself/herself and he/she spoke with the resident. He/She said the facility staff calmed the resident down while on the phone with him/her and the resident was fine. He/She said the resident was upset with another resident. He/She said the two physician's from the hospital diagnosed the resident with severe personality disorder and attention seeking disorder. He/She said the hospital did not keep the resident because they did not believe the resident intended to harm themselves.</p> <p>During an interview on 12/12/23 at 10:29 A.M., Registered Nurse (RN) C said he/she did not know the facility's protocol for when a resident makes a statement in regard to self-harm, including whether or not to the physician should be notified.</p> <p>During an interview on 12/12/23 at 2:41 P.M., the administrator said if a resident makes a statement in regard to self-harm, staff is expected to report it to the nurse supervisor, assess the resident, contact the resident's physician and obtain an order for a mental health evaluation. The Administrator said staff did not notify him/her the resident made a statement of self-harm. The Administrator said staff should have notified the resident's physician.</p> <p>During an interview on 12/12/23 at 2:47 P.M., the Director of Nursing (DON) said staff is expected to notify the physician if a resident makes a statement of self-harm. The DON said the charge nurse is responsible for contacting the physician, but he/she did not follow up to verify the physician was contacted. He/She said the resident was placed on 15 minute checks after the resident made the statement of self-harm.</p> <p>During an interview on 12/21/23 at 1:02 P.M., The physician said he/she would expect staff to contact him/her if a resident made a statement of self-harm. He/She said he/she would work with the facility and the resident to come up with a plan to ensure the resident's safety.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265521	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/12/2023
NAME OF PROVIDER OR SUPPLIER  Seville Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  35625 Highway 72 Salem, MO 65560	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/21/23 at 1:09 P.M., Psychiatric Nurse Practitioner (NP) said the resident has a history of saying he/she wants to self-harm. The facility staff did not contact him/her when the resident said he/she felt like harming himself/herself. The NP said he/she would not always expect staff to contact him/her after a resident made a statement of self-harm. The NP said it depended on the circumstances and if there was a plan or intent. The NP said he/she would expect staff to contact him/her if unsure whether the resident would actually harm himself/herself.</p> <p>MO00228574</p>		