STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265521	A. Building B. Wing	12/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Seville Care Center	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43327 Based on observation, interview, and record review, facility staff failed to review and revise the comprehensive care plan for one resident (Resident #2) out of two sampled resident care plans, when the resident wandered into another resident room. The facility census was 51. 1. Review of the facility's Comprehensive Care Plan policy, dated 02/01/24, showed staff are directed as follows: -The Minimum Data Set (MDS), a federally mandated assessment tool, Coordinator or designee shall act in a case management role by knowledge of ongoing care needs; -The policy did not contain direction or guidance when the care plan should be updated when changes in resident care is observed. 2. Review of Resident #2's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 08/29/24, showed staff assessed the resident as: -Cognitively impaired; -Used a wheelchair; -Inattentive, had disorganized thinking and wandered; -Diagnosis of dementia and anxiety. Review of resident's Wandering Assessment, dated 08/28/24, showed staff assessed the resident as: -Disoriented; -Does not understand surroundings; -Independent with an aide of cane or walker; -Diagnosis of Alzheimer Disease; (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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Known wanderer/history of wandering. Review of resident's Wandering Assessment, dated 11/27/24, showed staff assessed the resident as: -Disoriented; -Forgetful/short attention span; -Does not understand surroundings; -Independent with an aide; -Diagnosis of Alzheimer Disease; -Known wanderer/history of wandering. Review of the nurse notes dated, August 2024 through December 2024, showed staff documented: -On 10/24/24, resident wanders the facility often; -On 10/26/24, propels self about facility and frequent redirection; -On 11/10/24, assist with transfers to wheelchair, propels self about facility requiring redirection at times; -11/13/24, assist with transfers to wheelchair, propels self about facility; -11/14/24, assist with transfers to wheelchair, propels self about facility requiring redirection at times; -11/27/24, resident propels self about the facility and needs frequent redirection. Review of the resident's care plan, dated 7/18/24, showed the care plan did not contain direction or guidance for when the resident wanders into other resident rooms or potentially unsafe areas. Observation on 12/04/24 at 10:34 A.M., showed the resident propelled his/herself in a wheelchair from the nurse station onto 200 hallway. He/She passed a staff member and entered room [ROOM NUMBER]. During an interview on 12/04/24 at 09:30 A.M., the administrator said on 12/02/24 a family member reported Resident #2 went into another resident room. During an interview on 12/04/24 at 10:00 A.M., Certified Nurse Aide (CNA) A said the resident wanders anywhere and everywhere. He/She said they try to keep him/her out of other rooms and areas he/she is not to be in but he/she is always on the go. He/She said he/she is not sure what the care plan says about his/her wandering but would think it should be in there. He/She gets a report from the nurses and off-going staff for care needs of the residents. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/04/24 at 10:07 A.M., Certified Medication Technician (CMT) B said the resident is constantly wandering and goes into other rooms. CMT B said he/she is not sure what the care plan says regarding his/her wandering. During an interview on 12/04/24 at 11:42 A.M., The MDS Coordinator said he/she is responsible to update the care plans and thought the resident's care plan addressed wandering. He/She said wandering should be a part of the care plan. Care plans are usually updated at least every three months and with any changes to care. He/She said the point of care chart has direction for staff to do a safety check on the resident every two hours but does not include wandering. During an interview on 12/04/24 at 12:23 P.M., the Administrator said the care plans are the responsibility of the MDS Coordinator and should be updated when changes in care occur, to include wandering. He/She said this resident started to wander about 6 months ago and his/her care plan should have been updated at that time. Staff are educated on the resident care needs during their orientation upon hire. MO00245979