

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 04/25/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on interview and record review, facility staff failed to keep one resident (Resident #1) free from verbal and emotional abuse when Licensed Practical Nurse (LPN) A yelled at the resident to shut up multiple times, directly in his/her face. The facility census was 50.</p> <p>The administrator was notified on 4/25/25 of past Non-Compliance, which occurred on 4/09/25 when staff reported the allegation. Staff immediately suspended LPN A pending the results of the investigation, assessed the resident for physical and psychological harm, conducted an investigation, in-serviced staff on abuse and neglect, and terminated the employee on 4/09/25.</p> <p>1. Review of the facility's Abuse, Prevention and Prohibition policy, dated 11/2018, showed the facility prohibits the mistreatment, neglect, or abuse of residents. Review showed abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. This includes the deprivation by an individual, to include a caretaker of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being.</p> <p>Review of the facility's investigation, dated 4/09/25, showed the administrator documented the resident said the nurse told him/her to, Shut up, shut up, shut up,. Review showed the administrator documented the resident got very excited when asked questions.</p> <p>Review of the facility's investigation, dated 4/09/25, showed a signed statement from CNA B, dated 4/09/25, showed he/she documented, the resident was screaming and LPN A went into the residents' room and told the resident he/she needed to shut up twice, and LPN A said he/she wasn't dealing with this tonight!</p> <p>Review of resident's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 3/13/25, showed staff assessed the resident with cognitive impairment, Dementia, Anxiety Disorder, Depression, Bi-Polar Disorder, Psychotic Disorder, and Schizophrenia.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of resident's care plan, dated 9/26/24, showed staff assessed resident with pain, impaired cognition, anxiety, a communication/hearing deficit, and needed assistance with activities of daily living (ADL's). Staff directed to assess resident for signs of non-verbal pain, to include grunting, moans, yelling out, irritability restlessness, and squirming. Staff were directed to ensure or provide a safe environment, monitor and document and physical or non-verbal indicators of discomfort or stress, allow adequate time to respond, do not rush, and use brief consistent words/cues. Staff directed to provide assistance of one to two staff for bed mobility, transfers, toileting, bathing, and dressing.</p> <p>During an interview on 4/18/25 at 12:22 P.M., the administrator said CNA B notified him/her that CNA B had witnessed abusive behavior by LPN A towards the resident. He/She said CNA B told him/her CNA B witnessed LPN A yelling Shut up! Shut up! Shut up! I'm not putting up with this tonight, at the resident, with LPN A's face in close proximity to the resident's. The administrator said he/she suspended LPN A pending the investigation, and terminated him/her after completing the investigation. The administrator said he/she interviewed the resident on 4/09/25, and the resident told him/her LPN A yelled, Shut up! Shut up! Shut up!. The administrator said the resident appeared physically distraught during the interview.</p> <p>During an interview on 4/18/25 at 9:35 A.M., CNA B said said he/she and CNA C were putting the resident's roommate to bed, and the resident was screaming. CNA B said he/she and CNA C left the room, and he/she saw LPN A go into the resident's room. CNA B said he/she saw LPN A with his/her face close to the resident's face, yelling, Shut up! Shut up! Shut up! I'm not dealing with this tonight!</p> <p>During an interview on 5/02/25, LPN A denied he/she yelled at the resident, or said, Shut up. LPN A said he/she is aware of the allegations. LPN A said he/she was not feeling well that night, and was short with the aides, but denies being rude or rough with the resident.</p> <p>MO00252488</p>		