

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 11/18/2025
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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. (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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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility staff failed to notify two resident's (Resident #2 and #3's) physician out of three sampled residents after staff documented they assessed the residents with abnormal blood pressure (BP) readings. The facility's census was 46.1. Review showed the facility did not provide a policy in regard to vital signs (measurements of the body's basic functions to include blood pressure). Review of the facility's Significant Condition Change and Notification policy, undated, showed: -The purpose is to ensure that the resident's family and/or representative and medical practitioner are notified of resident changes such as a significant change in the resident's physical, mental or psychosocial status;-Examples include a significant change in/or unstable vital signs, other abnormal assessment findings;-The medical practitioner will be contacted immediately for any emergencies regardless of the time of day. Non-emergency notifications may be made the next morning if the situation occurs on the late evening or night shift. This applies to any day of the week including holidays.2. Review of Resident #2's admission Minimum Data Set (MDS), a federally mandated assessment, dated 09/18/25, showed staff assessed the resident as moderate cognitive impairment, and diagnoses to include high blood pressure.Review of the resident's care plan, dated 09/25/25, showed staff assessed the resident with hypertension, and interventions to administer anti-hypertensive medications (medications used to lower blood pressure) as ordered, monitor for side effects such as orthostatic hypotension (low blood pressure), obtain blood pressure readings prior to medication administration, and report to the physician as necessary. Review of the resident's Physician's Order Sheet (POS) dated 09/05/25 through 09/30/25, showed the following orders: -Amlodipine (to lower blood pressure) 10 milligram (mg) tablet by mouth once daily;-Carvedilol (to lower blood pressure) 25 mg tablet by mouth two times daily, hold if BP less than (<) 100/60;-Hydralazine HCL (to lower blood pressure) 25 mg tablet by mouth three times daily, hold if BP < 100/60.Review of the resident's Physician's Order Sheet (POS) dated 10/01/25 through 10/09/25, showed the following orders: -Amlodipine 10 mg tablet by mouth once daily;-Carvedilol 25 mg tablet by mouth two times daily, hold if BP < 100/60;-Hydralazine HCL 25 mg tablet by mouth three times daily, hold if BP < 100/60.Review of the resident's progress notes, dated 09/30/25 through 10/09/25, showed staff documented: -09/30/25 at 5:56 P.M., Hydralazine not administered for BP of 96/57 millimeters of mercury (mmHg);-10/03/25 at 5:09 P.M., Hydralazine not administered for BP of 77/46 mmHg;-10/07/25 at 5:56 P.M., Hydralazine not administered for BP of 74/42 mmHg;-10/08/25 at 5:43 P.M., Hydralazine not administered for BP of 83/46 mmHg;-10/09/25 at 12:28 A.M., The resident's family approached the nurse's desk with concerns that the resident's blood pressure had been consistently low, and questioned if the resident could get an appointment with his/her primary care physician. The nurse assured the family that staff would monitor and pass along their concern to the day staff. Review of the resident's electronic medical record (EMR) dated, 10/08/25 at 8:35 P.M., showed staff documented the resident was assessed with a BP reading of 93/56 mmHg. Review of the resident's EMR, dated 09/30/25 through 10/09/25, showed the record did contain documentation staff notified the resident's physician of the abnormal blood pressure readings below 100/60, or that staff had withheld administration of the resident's blood pressure medication due to abnormal blood pressure readings.During an interview on 10/16/25 at 10:43 A.M., the Director of Nursing (DON) said his/her expectation is for the nurse to notify the physician of the resident's abnormal blood pressure readings that were <100/60, and document with a progress note that the physician was notified. The DON said he/she would also expect staff to follow up on the documented progress note regarding the family's concern.During an interview on 10/16/25 at 2:33 P.M., the resident's physician said he/she would expect staff to notify him/her of the resident's abnormal blood pressure readings on 09/30, 10/03, 10/07, and 10/08. The resident's physician said staff did not notify him/her of the resident's low blood pressures. 3. Review of Resident #3's Quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact, and diagnoses to include heart failure, and hypertension.Review of the resident's care plan, dated 08/20/25, showed staff assessed the resident with heart failure, and interventions to give cardiac medications as ordered, monitor, document and report to the physician as needed.Review of the resident's POS, dated 09/11/25 through 09/30/25, showed an order for Losartan Potassium (to lower blood pressure) 25 mg tablet by mouth once daily, hold if BP < 100/60, and Carvedilol (to lower blood pressure) 3.125 mg tablet by mouth two times daily, hold if BP <100/60. Review of the resident's progress notes, dated 09/11/25 through 09/18/25, showed staff documented: -09/11/25 at 2:53 P.M. Carvedilol held</p>		