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	03/30/2026

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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility staff failed to provide an appropriate emergency discharge notice when staff discharged one resident (Resident #1) to the hospital and refused to allow the resident to return to the facility. The facility census was 45.1.Review of the facility's Making and Emergency Transfer or Discharge policy, revised April 2007, showed staff are directed to only make an emergency discharge when it is in the best interest of the residents. To make an emergency discharge the facility will implement the following procedures:-Notify the residents attending physician;-Notify the receiving facility that the transfer is being made;-Prepare the resident for transfer;-Prepare a transfer form to send with the resident;-Notify the representative and other family members;-Assist in transportation.2. Review of Resident #1's face sheet, dated 3/16/26, showed the resident admitted to the facility on [DATE], and facility staff discharged him/her to the hospital 3/3/26.Review of the resident's progress notes, dated 3/4/26, at 4:04 P.M., showed staff documented an emergency discharge effective immediately to the local hospital for safety reasons.Review of the resident's Immediate Discharge Notice, dated 3/3/26, showed staff documented the location of discharge to the local hospital for resident and staff safety.During an interview on 3/16/26 at 9:05 A.M., the administrator said the resident was not in the building 24 hours and started to refuse care and to make threats and scare staff. He/She said the facility did an emergency discharge to the local hospital that day. He/She understands the hospital is not a discharge location, but he/she needs to protect his/her residents and staff. He/She said they are unable to take the resident back for the safety of staff and other residents. Complaint 2795777

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

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	03/30/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on observation, interview and record review, facility staff failed to develop and implement complete policies and procedures for inspection, testing and maintenance of the facility's water systems to inhibit the growth of waterborne pathogens and reduce the risk of an outbreak of Legionnaire's Disease, a serious type of pneumonia caused by Legionella bacteria. Failure to develop and implement complete policies and procedures for the inspection, testing and maintenance of the facility's water systems has the potential for failure of staff to identify and mitigate the presence of waterborne pathogens, which places all residents at risk of exposure which could lead to illness. The facility census was 45. 1. Review of the Centers for Medicare and Medicaid Services (CMS), QSO-17-30, dated 06/02/17 and revised 07/06/18, showed: -CMS expects Medicare and Medicare/Medicaid certified healthcare facilities to have water management policies and procedures to reduce the risk of growth and spread of Legionella and other opportunistic pathogens in building water systems;-Facilities must have water management plans and documentation that, at a minimum, ensure each facility:*Conducts a facility risk assessment to identify where Legionella and other opportunistic waterborne pathogens (e.g. Pseudomonas, Acinetobacter, Burkholderia, Stenotrophomonas, nontuberculous mycobacteria, and fungi) could grow and spread in the facility water system;*Develops and implements a water management program that considers the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) industry standard and the CDC toolkit;*Specifies testing protocols and acceptable ranges for control measures and document the results of testing and corrective actions taken when control limits are not maintained;*Maintains compliance with other applicable Federal, State and local requirements;*Note: CMS does not require water cultures for Legionella or other opportunistic water borne pathogens. Testing protocols are at the discretion of the provider. Review of the facility's Legionella Infection policy, dated 03/05/20, showed the facility must have a water management plan and documentation that, at a minimum to each facility: -Conducts a facility risk assessment to identify where Legionella and other opportunistic waterborne pathogens (e.g.pseudomonas, Acinetobacter, burkholderia, stenotrophomonas, nontuberculous mycobacteria and fungi) could grow and spread in the facility water system;-Develop and implement a water management program that considers the ASHRAE (American Society of Heating, Refrigerating and Air Conditioning Engineers) industry standard and the CDC toolkit;-Specifies testing protocols and acceptable ranges for control measure and document the results of testing and corrective actions taken when control limits are not maintained. Review of the facility's Water Management Plan, undated, showed the facility will verify compliance with Water Management Program by reviewing scheduled monitoring monthly and each potentially hazardous condition will be addressed individually. Review showed the plan contained a risk assessment which identified dead legs in 207, 209, medical records, social services, empty resident room bathrooms and low-rise floor sinks in housekeeping closets as high-risk areas. Review showed environmental testing will be conducted if there is difficulty maintaining water systems within control limits or a case of healthcare associated Legionella was acquired in the facility. Review showed the plan also included instruction for staff to perform baseline Legionella testing at four specified sites within the facility. Review showed the plan did not contain: -A list of designated water management team members;-Documentation of monthly review of scheduled monitoring;-Documentation of baseline or annual Legionella testing;-Guidance related to areas identifies as high risk. Review of the facility's Infection Prevention and Control Program, dated 04/10/19, showed the program did not contain information related to Legionella. Review of the facility's Resident Room Water Temperature and Checklist for 01/07/26 through 03/29/26 showed facility staff tested water temperatures in random resident rooms on both wings of the facility. Review showed water temperatures checked on 01/07/26, 01/19/26, 01/29/26, 02/13/26 and 03/06/26. Review showed staff also tested water pH, chlorine and total dissolved solids, but did not indicate testing location. Review showed the (continued on next page)

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	03/30/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	checklists did not contain testing or inspection results of all areas identified as high risk. During an interview on 03/27/26 at 11:57 A.M., the maintenance director said he/she and housekeeping staff flush resident room water lines on an almost daily basis, but he/she only documents water checks every two weeks. The maintenance director said he/she tests the facility water pH and chlorine levels every two weeks, but he/she had not tested the water for Legionella. The maintenance director said he/she was familiar with the water management plan and had briefly reviewed it two weeks ago, but he/she was not familiar with specific high-risk areas identified in the plan. During an interview on 03/27/26 at 12:26 P.M., the Regional Administrator said the facility should have annual Legionella testing but he/she did not know who conducted the testing. During an interview on 03/27/26 at 2:07 P.M., facility owner said corporate level staff maintain one copy of a Water Management Policy template, but it is the facility administrator's responsibility to develop and implement a facility specific plan. During an interview on 03/30/26 at 12:34 P.M., the administrator said the water management plan should include how the water is tested monthly. The administrator said he/she thought Legionella testing was performed only if there was suspicion or a positive case of Legionella. The administrator said he/she reviewed the water management plan in early 2025 and did not make any changes. The administrator said the water management team included him/herself and the maintenance director and he/she did not know that needed to be documented. The administrator said he/she never discussed the water management plan with the maintenance director and was not familiar with the specific risk areas, control measures or corrective actions since the maintenance director took care of the water. Complaint #2965680