STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265682	A. Building B. Wing	12/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Independence Manor Care Center	1600 South Kingshighway Independence, MO 64055

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(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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to establish and maintain a comprehensive, facility-specific infection prevention and control program designed to help prevent the development and transmission of Legionella (A [NAME] of pathogenic Gram-negative bacteria that includes the species L. pneumophila, causing legionellosis, all illnesses caused by Legionella, including a pneumonia-type illness called Legionnaires' disease and a mild flu-like illness called Pontiac fever) and/or other water-borne pathogens (a bacterium, virus, or other microorganism that can cause disease) that included specific assessments and contents, in accordance with State of Missouri rules and Centers for Disease Control (CDC) and Centers for Medicare and Medicaid Services (CMS) standards and guidelines. This deficient practice had the potential to affect all residents, visitors, volunteers, and staff who resided, visited, used, or worked in the facility. Additionally, the facility staff failed to cleanse hands during medication pass, failed to clean shared equipment during medication pass, and failed to cleanse hands during meal service for one supplemental resident, (Resident #18) out of 12 sampled residents and seven supplemental residents. The facility census was 44 residents with a licensed capacity for 99 residents at the time of the survey. 1. Observation on 12/8/25 between 8:57 A.M. and 9:41 A.M during the initial facility Life Safety Code (LSC) kitchen inspection with the Dietary Manager (DM) showed there was a sanitizing-sink area, a chemical dish-washing machine, a hand-washing sink, and a steam table (also referred to as a hot food table, is specifically designed to hold food at steady, safe serving temperatures, and not designed to cook or warm foods from a raw state). Observation on 12/9/25 between 9:27 A.M. and 1:33 P.M. during the initial facility LSC walk-through inspection with the Maintenance Supervisor (MS) showed the following:-The city municipal water main supply entered the facility through a 4-inch main pipe in their east Mechanical Room.-The building was equipped with a complete fire sprinkler system with sprinkler heads located throughout the facility and a riser room (a fire sprinkler riser room is a dedicated space for fire protection equipment situated on an outside wall at grade with direct exterior access) located inside the Maintenance Office.-There was an ice machine room located just north of the front east nurse's desk.-Public restrooms were located by the front reception office hall with an additional employee restroom west of the east nurse's desk.-A medication room with sink was located behind each of the two separate nurse's desks.-There were housekeeping closets with floor mop sinks or ceramic service sinks (mop/service sinks are used in janitorial and maintenance areas to fill and empty mop buckets, clean mops, and dispose of dirty water), eyewash stations, two boilers, hot water storage tanks, a re-circulation pump, and hot/cold water piping throughout the five facility hallways.-There were at least 40 resident rooms with private and/or shared bathrooms and sinks throughout the four resident hallways.-There were two commercial clothes washers in the laundry area.-There were at least 3 shower rooms in the facility. Review of the facility's water-borne pathogen prevention program paperwork from a contracted (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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	source, in a binder entitled Legionella & Water Safety Program, dated 2/8/24 last Reviewed and Implemented 12/15/23 and provided by the MS, showed the following:-The initial introductory section containing a list of general definitions from the American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE) standard 188 stated on the bottom of each page that the program expired on 2/1/25.-In the 13-page Environmental Assessment of Water Systems section the questions at A.14, B.3, C.6, C.9, C.10, D.1, D.2, D.3, and pages 9 through 13 were left blank.-On a page with the heading ERRATA (a list of errors in a printed work) that addressed ASHRAE 6.2.8, was five uncompleted sections, but documentation of a facility-specific risk assessment that considered the ASHRAE industry standard #188 was not found. -There was a diagram of the facility's water system with specific potential risk areas of growth within the building, but no assessments of each individual area's potential risk level were included.-A few pages had procedures for different control measures, but no documentation of any having been done.-There was no documentation included of any site log book being maintained with any dated cleanings, sanitizing, descaling, and inspections mentioned.-There was a 46-page educational PowerPoint section with one slide per page and lines underneath for the reviewers' names and/or initials and any handwritten notes, comments, questions, or concerns, all left blank. Review of a second, similar, updated version of the facility's water-borne pathogen prevention program paperwork from the same contracted source, entitled Water Management Plan, dated 3/15/25 and provided by the MS, showed the following:-After the Contents page there were 6 educational pages containing an Overview, 3 pages of definitions, a General Requirements list, and the names of the 3-person program team.-No signed and dated review page by their program team was found.-16 pages of numerous control measures to perform on various systems, components, and locations had overviews of each measure's task, a detailed explanation of that task (some with specific measurements to be taken with reading range parameters), and corrective measures to be initiated if results were unsatisfactory, but no documentation of any of the tasks having been performed. During an interview on 12/10/25 at 1:12 P.M. the Maintenance Supervisor said the following:-He/She was responsible for their water management plan.-They would take water temperatures and send samples to a lab for Legionella testing. -The 2nd section he/she provided was just not yet put with the first paperwork. During an interview on 12/12/25 at 1:33 P.M. the Administrator said the following:-They are supposed to have a committee that is responsible for the water management plan, but the MS oversees it. -The second section provided was not initially with the first because with the MS had two separate binders and it was not updated. -He/She had sat down and went through the assessments with the MS as best they could.-He/She did not think the MS had ever really grasped what the program is, what it requires, and how it works. 2. Review of the facility's policy, Handwashing/Hand Hygiene, dated August 2019 showed:-Staff was to use alcohol-based hand rub or soap and water for the following situations:-Before preparing or handling medications.-Before and after assisting a resident with meals. Review of the facility's policy, Infection Prevention and Control Program, dated 5/12/23 showed:-All staff were responsible for the following policies:-All reusable items and equipment requiring special cleaning shall be cleaned in accordance with current procedures.-Masks; clean daily by placing in warm, soapy water and soaking/agitating for five minutes. Mild dish detergent was recommended.-Rinse with warm water and allow it to air dry between uses. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of the facility's policy, Assistance with Meals, dated July 2017 showed:-Facility Staff would serve resident trays and would help resident who require assistance with eating.-All employees who provide resident assistance with meals would have been trained and should demonstrate competency in the prevention of foodborne illness, including personal hygiene practices and safe food handling. 3. Observation on 12/10/25 at 8:42 A.M. with Certified Medication Technician (CMT) B of the medication pass showed:-He/She took a pair of scissors out of the medication cart, used the scissors to cut open a medication package without cleaning them first.-He/She returned the scissors to the medication cart without cleaning them.-He/She went into Resident #38's room to administer the medication. -He/She did not cleanse his/hands after administering the medication patch to the resident.-He/She went into Resident #10's room to administer medications to the resident. -He/She took the resident's blood pressure, per physician's order before administering a blood pressure medication.-He/She assisted the resident to drink a cup of water while swallowing the medications.-He/She opened the resident's milk carton and assisted the resident to drink milk.-He/She put the resident's medication in pudding and assister him/her to eat the pudding.-He/She did not cleanse his/her hands after administering the medication and assisting the resident to drink.-He/She did not sanitize the blood pressure cuff after using it. During an interview on 12/10/25 at I 0:02 A.M. CMT B said:-The blood pressure cuff was used on several residents during the medication pass.-The blood pressure cuff should have been sanitized daily. -Staff should cleanse their hands before and after the medication pass, not after each resident.-The night Certified Nursing Assistant (CNA) cleaned the scissors.-He/She had received education on hand washing from the Director of Nursing (DON). 4. Review of Resident #18's face sheet showed he/she was admitted to the facility on [DATE] with the following diagnoses:-Dementia (a decline in mental ability severe enough to interfere with daily life, involving memory loss, thinking problems, reasoning issues, and personality changes).-Transient ischemic Attack (TIA- a temporary blockage of blood flow to the brain with stroke- like symptoms).-Convulsions (sudden, involuntary muscle contractions, causing uncontrolled shaking or stiffening). Muscle weakness. Review of the resident's comprehensive care plan dated 9/8/25 showed:-He/She was severely cognitively impaired.-Needing assistance with eating was not checked. Review of the resident's undated care plan showed the resident required assistance of one staff member to eat. Observation of meal service on 12/8/25 at 12:54 P.M. with CNA B showed:-He/She was assisting the resident with his/her lunch meal.-A resident across the table complained the sun was too bright coming through the window.-CNA B got up from the table to pull the curtain shut.-He/She did not cleanse his/her hands before returning to the table to assist the resident with his/her meal.-He/She moved a different resident's plate and feed that resident with his/her right hand.-He/She resumed assisting the resident with his/her right hand without cleansing his/her hand.-He/She readjusted his/her pants with both hands then resumed feeding the resident without cleansing his/her hands.-He/She readjusted his/her hair then resumed feeding the resident without cleansing his/her hands. During an interview on 12/8/25 at 1:02 P.M. CNA B said:-During meal service you should wash your hands before and after feeding the resident.-If you are between two residents you can feed them with (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	separate hands.-If you touch anything besides the silverware for that resident you should cleanse your hands.-The DON had provided education on hand washing. During an interview on 12/10/25 at 10:02 A.M. CMT B said:-The DON has provided education on hand washing.-Staff should wash their hands before and after feeding each resident.-If you touched curtains, touched your pants, or touched your hair, you should have washed your hands or used hand sanitizer.- You should only feed one resident at a time and wash your hands after feeding them. During an interview on 12/10/25 at 1:45 P.M. License Practical Nurse (LPN) B said:-During meal service when assisting a resident to eat staff should cleanse their hands with soap and water or hand sanitizer before and after assisting the resident.-Staff should cleanse their hands if they touch anything other than the resident's silverware.-If staff touched curtains, their clothing, or their hair they should have cleansed their hands before continuing to feed the resident.-If staff was feeding two residents they would use one hand to feed a resident and the other hand to feed the second resident, never use the same hand to feed both residents.-The DON has provided education about infection control measures upon hire, annually, and almost monthly and preformed spot checks to ensure staff was following the guideline. During an interview on 12/15/25 at 11:00 A.M. the DON said: -During meal service when assisting a resident to eat staff should cleanse their hands with soap and water or hand sanitizer before and after assisting the resident to eat.-Staff should cleanse their hands if they touch anything other than the resident's silverware.-If staff touched curtains, their clothing, or their hair they should have cleansed their hands before continuing to feed the resident.-If staff was feeding two residents, they would use one hand to feed a resident and the other hand to feed the second resident, never use the same hand to feed both residents.-He/She was also the Infection Preventionist and has provided education about infection control measures upon hire, annually, almost monthly and preformed spot checks to ensure staff was following the policies. -He/She was ultimately responsible for ensuring staff was following infection control measures.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure staff were cleaning Continuous Positive Airway Pressure (CPAP- a machine to deliver pressurized air through a mask to keep airways open during sleep)/Bilevel Positive Airway Pressure (BiPAP - a machine that delivers two pressure levels of air-a higher one for inhaling and a lower one for exhaling through a mask) masks daily for three sampled residents (Resident# 33, # 35, and # 41), failed to ensure the resident's distilled water (water that has been purified) used in respiratory equipment was stored in a sanitary manner for two sampled residents (Resident #35 and #33), out of 12 sampled residents The facility census was 44 residents. Review of the facility's policy, CPAP/BiPAP Support dated March 2015 showed: -Machine cleaning; wipe machine with warm, soapy water and rinse at least once a week and as needed.-Humidifier; use clean distilled water only in the humidifier chamber.-Clean humidifier weekly and air dry.-To disinfect, place vinegar-water solution (1:3) in clean humidifier. Soak for 30 minutes and rinse thoroughly.Review of the facility's policy, Infection Prevention and Control Program, dated 5/12/23 showed:-All reusable items and equipment requiring special cleaning shall be cleaned in accordance with current procedures.-Masks; clean daily by placing in warm, soapy water and soaking/agitating for five minutes. Mild dish detergent was recommended.-Rinse with warm water and allow it to air dry between uses.1. Review of Resident #41's face sheet showed he/she was admitted to the facility on [DATE] with a diagnosis of Obstructive Sleep Apnea (a serious sleep disorder where breathing repeatedly stops and starts, most commonly due to airway blockage).Review of the resident's quarterly Minimum Data Set (MDS- a federally mandated assessment tool completed by the facility for care planning), dated 11/25/25 showed:-CPAP was not checked. -He/She was moderately cognitively impaired.Review of the December 2025 Physician's Order Sheet (POS) showed:-He/She had Sleep Apnea.-Did not show an order for CPAP or how to clean the machine or mask. Review of the resident's Care Plan dated 12/5/25 showed:-He/She had Sleep Apnea.-Did not show the resident used a CPAP machine. Observation and interview with the resident on 12/8/25 at 9:11 A.M. showed:-His/Her CPAP mask was sitting on the nightstand, not in a bag, not dated.-The CPAP mask had a light brown tinge around the perimeter of the mask.-The resident said he/she used the CPAP at night.-The resident did not know when the staff last cleaned the respiratory equipment last.Observation on 12/9/25 at 10:02 A.M. showed:-His/Her CPAP mask was sitting on the nightstand, not in a bag, not dated.-The CPAP mask had a light brown tinge around the perimeter of the mask.Observation on 12/10/25 at 11:07 A.M. showed:-His/Her CPAP mask was sitting on the nightstand, not in a bag, not dated.-The CPAP mask had a light brown tinge around the perimeter of the mask.2. Review of Resident #35's face sheet showed he/she was admitted on [DATE] with a diagnosis of Chronic Obstructive Pulmonary Disease (COPD - a progressive lung disease that makes breathing difficult).Review of the resident's quarterly MDS dated [DATE] showed:-Used a CPAP was not checked. -He/She was cognitively intact.Review of the resident's December 2025 POS showed the following order:-CPAP at bedtime, dated 10/2/25. -The physician's orders did not include how or when to care for the mask.Review of the resident's care plan dated 10/2/25 showed he/she used a CPAP for Sleep Apnea.Observation and interview on 12/8/2025 at 10:43 A.M. showed:-His/Her CPAP mask was hanging over the headboard.-There was no bag for storage.-The CPAP had a compartment for distilled water for humidification which was half full. -There was an opened gallon jug of distilled water sitting on floor without an opened date on it.-He/She said the distilled water was used in the CPAP machine.-He/She said the staff cleaned the CPAP mask maybe a week or so ago.-He/She was not sure when they had cleaned the CPAP machine itself.-He/She said the distilled water jug was opened and staff sat it on the floor.Observation on 12/9/25 at 1:50 P.M. showed the jug of distilled water was sitting on the floor, opened with no date written on it and the CPAP mask was dangling from the headboard between the mattress and the bedframe touching both.3. Review of Resident (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	#33's face sheet showed he/she was admitted to the facility on [DATE] with the following diagnoses:-COPD.-Sleep Apnea.Review of the resident's care plan dated 11/3/25 showed:-He/She was on CPAP therapy related to Sleep Apnea.-He/She would adhere to the CPAP therapy.Review of the resident's quarterly MDS, dated [DATE] showed:-He/She was cognitively intact.-Use of a CPAP was not checkedReview of the December 2025 POS showed the following orders:-Check that there was sterile water in the bottle for humidified air every shift, change and date as needed, every shift.-Change Non-Invasive Ventilator hose (NIV- a breathing support method that delivers air through a mask instead of an invasive tube) every two weeks (this is a BIPAP- Bilevel Positive Airway Pressure machine which delivers two pressure levels of air a higher one for inhaling and a lower one for exhaling). Review of the resident's December 2025 Treatment Administration Record (TAR) did not show a place for the staff to document adding sterile water or for cleaning the hose.Observation and interview on 12/10/25 at 8:42 A.M. showed:-The residents CPAP mask was sitting on his/her nightstand, not in a bag, no date on it.-The CPAP machine had a reservoir for water, it was 3/4 full. -The gallon jug of distilled water was opened, had no lid, and was sitting on the floor.-The distilled water did not have a date that it had been opened written on it.-The resident said staff might clean the CPAP mask weekly.-The distilled water was used in his/her CPAP machine.During an interview on 12/10/25 at 1:45 P.M. License Practical Nurse (LPN) B said:-Resident should have had a physician's order for a CPAP and how to care for it, if they were on one. -There should have been documented in the residents' care plan and in their MDS that they used a CPAP/BiPAP machine.-He/She did not know where it would have been documented maybe on the TAR, and it was not.-CPAP mask should have been cleaned daily by nursing staff using soap and water.-After the CPAP mask was dry it should have been store in a clean bag with the date written on the bag with the date it was that it had been cleaned. -The CPAP mask should not have been hanging off the headboard or sitting on a nightstand.-Distilled water was kept in the resident's room.-After the distilled water was opened the staff should have written the date the water had been opened on it. -Distilled water should not have been sitting on the floor.-There should have been a lid for the opened distilled water. If it did not have a lid should have been discarded. -The nursing staff was responsible for ensuring respiratory equipment was cleaned and dated.-The Director of Nursing (DON) has provided education about infection control measures upon hire, annually, and almost monthly and preformed spot checks to ensure staff was following the guideline.During an interview on 12/15/25 at 11:00 A.M. the DON said: -CPAP mask should have been cleaned daily by nursing staff using soap and water, air dried, then put in a bag.-After the CPAP/BiPAP mask was dry it should have been store in a clean bag with the date written on the bag that it had been cleaned. -There should have been a physician's order for a resident to use the CPAP with instructions when and how to clean it. -The nurse who took the order was responsible for instructions on how to care for it. -If a resident had an order for a CPAP, then it should have been included in the MDS and care plan.-There should have been a physician's order for the CPAP.-Staff were not documenting when it was cleaned currently.-The CPAP mask should not have been hanging off the headboard or sitting on a nightstand.-After the distilled water was opened the staff should have written the date the water had been opened on it.-Distilled water should not have been sitting on the floor.-There should have been a lid for the opened distilled water. If it did not have a lid the distilled water should have been discarded.-Staff should have documented when equipment such as the CPAP or BiPAP mask were cleaned on TAR.-He/She was responsible for ensuring staff was cleaning the equipment and documenting that it was done. -He/She was also the Infection Preventionist and has provided education about infection control measures upon hire, annually, almost monthly and preformed spot checks to ensure staff was following the policies.

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F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. Based on interview and record review, the facility failed to notify two out of three sampled residents (Residents #12 and #14) sampled for funds that receive Medicaid (program that helps with medical costs for some people with limited income and resources) benefits when the amount in the residents' accounts reached $200 less ($5,868.80) than the Supplemental Security Income (SSI) resource limit (the maximum value of assets an individual or couple can own and still be eligible for benefits) resource limit for one person ($6,068.80) and notify them that they may lose eligibility for Medicaid or SSI if they reached the SSI limit for one person. The facility census was 44 residents.Review of the facility's policy titled, Accounting and Records of Resident Funds dated 2001 showed:-A representative of the business office was responsible for informing the residents:--If the balance in their personal funds account reached $200 less than the residents' SSI limit.--If the amount in the account reached the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.1. Review of Resident #14's census in the Electronic Health Records (EHR) showed the resident's primary payer source was Medicaid.Review of the resident's quarterly trust statements for 2025 showed:-An ending balance on 3/31/25 of $8,496.62.-An ending balance on 6/30/25 of $8,296.84.-An ending balance on 9/30/25 of $8,359.92Review of the Resident Trust current account balance dated 12/8/25 showed the resident had a balance of $8,285.31, which was $2,416.51 over the notification requirement limit.During an interview on 12/12/25 at 2:15 P.M., the resident said he/she did not know until today that he/she was over the SSI limit.2. Review of Resident #12's census in the EHR showed the resident's primary payer source was Medicaid.Review of the resident's quarterly trust statements for 2025 showed:-An ending balance on 3/31/25 of $6,108.95.-An ending balance on 6/30/25 of $6,069.02.-An ending balance on 9/30/25 of $6,141.99.Review of the Resident Trust current account balance dated 12/8/25 showed the resident had a balance of $6,210.20, which was $341.40 over the notification requirement limit.During an interview on 12/12/25 2:27 P.M., the resident said no one told him/her he/she was over the SSI limit and that he/she didn't know what it meant.3. During an interview on 12/12/25 at 9:42 A.M., the Business Office Manager said:-He/She had not sent any notifications regarding any residents reaching $200 less than the SSI resource limit for one person.-He/She was not aware that he/she had to provide notification when residents reached $200 less than the SSI resource limit.

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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** Based on observation, interview and record review, the facility failed to review and revise resident care plans (a comprehensive, person-centered document detailing how a facility will meet a resident's medical, nursing, mental, and psychosocial needs) to include resident behaviors for one sampled resident (Resident #13) and/or have an correct diagnosis for ordered psychotropic (medication that affects a person's mental state) for one sampled resident (Resident #4) out of 12 sampled residents. The facility census was 44 residents.Review of the facility's Care Plans, Comprehensive Person-Centered policy, dated December 2016, showed:-A comprehensive, person-centered care plan that included measurable objectives to meet the residents psychosocial (a person's mental, emotional, social, and spiritual well-being) was developed and implemented for each resident.Review of the facility's Behavioral Health Services policy, dated February 2019, showed:-Residents who exhibited signs of emotional/psychosocial distress received services and support that addressed their individual needs and goals for care.-The care plan included:--Measurable objectives.--Incorporate identified problem areas.--Incorporate risk factors associated with identified problems.--Reflect treatment goals, timetables and objectives in measurable outcomes.--Identify problem areas and their causes and develop interventions that are targeted and meaningful to the resident.1. Review of Resident #13's Face Sheet, undated, showed:-The resident was diagnosed with:--General anxiety disorder (a mental health disorder that produces fear, worry, and a constant feeling of being overwhelmed).--Bipolar disorder (a mental health condition causing extreme mood swings).--Schizophrenia (a disorder causing abnormal thinking, perception, and behavior, where people struggle to tell what's real from imagination).Review of the resident's admission Minimum Data Set (MDS- a comprehensive assessment tool used by nursing homes to care for residents' health, function, diagnoses, treatments, and needs), dated 12/13/24, showed the resident was severely cognitively impaired.Review of the resident's care plan dated 9/16/25, showed:-The resident had impaired thought processes related to dementia, schizophrenia. -There were no goals or interventions related the residents' behaviors regarding his/her baby dolls.Observations on 12/08/2025 from 10:49 A.M. to 11:28 A.M. the resident showed mild aggression toward other residents on three occasions who attempted to touch, take or move the four baby dolls on the table in front of him/her. The resident snatched the baby doll away from the other resident who was reaching for the baby doll but did not touch it. 2. Review of resident #4's face sheet, undated, showed:-The resident was diagnosed with:--Depression (a mood disorder causing persistent sadness and loss of interest in activities).--Insomnia (a sleep disorder making it difficult to fall asleep and stay asleep).Review of the resident's quarterly MDS, dated [DATE], showed the resident was severely cognitively impaired.Review of the resident's care plan, dated 10/17/25, showed the resident used antidepressant medication Trazodone (a prescription antidepressant medication) related to depression. Review of the resident's Physician Order Summary, dated December 2025, showed the resident was ordered:-Trazodone Oral Tablet 100 milligrams (MG-a unit of measure); give half tablet by mouth at bedtime for insomnia.3. During an interview on 12/15/2025 at 8:35 A.M., Certified Medication Technician (CMT) A said:-Resident #13 had some behaviors, mainly around the baby dolls.-He/She did not like anyone else to have the baby dolls.-Usually we just redirected him/her, or we redirected the other residents. -He/She was very possessive of the dolls.-He/She was not physically aggressive with the dolls or with other residents, because we were able to redirect before anything escalated.-He/She was unsure if there were interventions in the resident's care plan.-Resident #4's family was very particular about what psychiatric medications the resident was taking.-He/She was on trazodone for depression also.During an interview on 12/15/2025 at 9:02 A.M., Certified Nursing Assistant (CNA) A said:-Resident #4 had behaviors all the time surrounding the baby dolls.-He/She got very anxious at times.-He/She did not (continued on next page)

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	265682	A. Building B. Wing	12/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Independence Manor Care Center	1600 South Kingshighway Independence, MO 64055

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	like other residents around the baby dolls.-We tried to calm him/her down, move him/her away from the situation, move the other person away from him/her.-There are also extra baby dolls which were offered to the other residents.-He/she was unsure what was in the resident's care plan.-Resident #4 had no behaviors, he/she stayed mostly in his/her room.-He/She doesn't sleep well.-He/She was unaware of what the resident was diagnosed with or what meds they were taking.During an interview on 12/15/2025 at 9:16 A.M., Licensed Practical Nurse (LPN) A said:-Resident #13 had some behaviors when providing cares and around the baby dolls.-He/She was possessive over the baby dolls.-Staff try to redirect the resident or redirect the other residents. -Staff distracted the other residents with other dolls or other items.-It should be care planned, but not sure if it was.During an interview on 12/15/2025 at 10:33 A.M., CMT B said:-Resident #4 loved his/her baby dolls.-He/She was very possessive over the dolls.-The staff were aware of the issues and kept a close eye on the resident.-If other residents tried to get on of the dolls the staff would redirect them or redirect the resident.-Resident #4 had mood swings but was not aggressive.-The resident saw the psychiatrist, but the family was not wanting the resident on a lot of medications.During a follow up interview on 12/15/2025 at 10:46 A.M., LPN A said:-Resident #4 had hallucinations but did not get physical.-He/She was easily redirected.-Interventions in the care plan were to redirect the resident. -The resident's family preferred not to have multiple anti-psychotic medications.-He/She was ordered Trazodone for depression, his/her family was aware and approved it.During an interview on 12/15/2025 at 1:35 P.M., the Administrator said:-Resident #4 was taking Trazodone for insomnia.-The resident's family was very picky about what anti-psychotic medications the resident was taking.-The resident had dementia and insomnia.-The physician orders said the Trazodone was for insomnia.-The care plan should match what the physician orders said.-Resident #13 liked his/her baby dolls and was possessive of them.-He/She was not aggressive toward other residents but did not like other residents to have them.-It should probably be care planned.

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide the ability to listen to books for one sampled resident (Resident #22) who had severely impaired vision and loved to read out of 12 sampled residents. The facility census was 44 residents. Review of the facility policy titled, Activity Programs dated 2001 showed:-Activity programs are designed to meet the interests of and support the physical, mental and psychosocial well?being of each resident.-Activities offered are based on the comprehensive resident-centered assessment and the preferences of each resident.-The activities program is ongoing and includes facility-organized group activities, independent individual activities, and assisted individual activities.-The activity programs are designed to encourage maximum individual participation and are geared to the individual resident's needs.-The activity programs consist of individual, small group and large group activities that are designed to meet the needs and interests of each resident. -All activities are documented in the resident's medical record.1. Review of Resident #22's admission Record printed 12/12/25 showed:-The resident admitted to the facility on [DATE].-Some of the resident's diagnoses included a stroke, major depressive disorder (depressed mood most of the day and a loss of interest in normal activities and relationships), and dementia (a progressive mental disorder characterized by memory problems, impaired reasoning and personality changes).Review of the resident's dependency on staff care plan dated 3/1/23 showed:-The problem identified was that the resident was is dependent on staff for meeting emotional, intellectual, physical and social needs related to dementia and multiple comorbidities.-The desired outcome included the resident would maintain involvement in cognitive stimulation and social activities as desired.-Interventions included:--Providing activities that are compatible with known interests, abilities, needs, and preferences and to adapt as needed (such as large print, holders if resident lacks hand strength, task segmentation).--Establish and record the resident's prior level of activity involvement and interests by talking with the resident, caregivers, and family on admission and as necessary.Review of the resident's vision impairment care plan dated 3/1/23 showed:-The problem identified was that the resident impaired visual function related to bilateral cataracts (a clouding of the eye's natural lens, usually due to aging, which makes vision blurry, hazy, or less colorful).-The desired outcome included showing no decline in visual function.-Interventions included did not include adaptive equipment related to reading.Review of the resident's annual Minimum Data Set (MDS-a federally mandated assessment tool completed by facility staff for care planning) dated 12/13/24 showed the resident was cognitively intact and reading was not very important to him/her.Review of the resident's care plan meeting dated 9/11/25 showed:-The resident had a diagnosis of dementia.-The resident was on an antidepressant medication for depression and ineffective coping related to long-term nursing home placement.-The resident had cataracts. -The resident had a stroke in 2023.Review of the resident's quarterly MDS dated [DATE] showed the resident was severely cognitively impaired.Review of the resident's activity assessment dated [DATE] showed:-The resident participated in bingo, a variety of games, food activities, exercise, outside activities, listening to music, watching television and movies, church services and sing along hymns.-It did not include anything related to reading or books.-It did not identify that activities should be modified to address his/her visual deficit.Review of the resident's Documentation Survey Reports dated October 2025, November 2025 and December 2025 through 12/12/25 showed audio books were not provided for the resident.During an interview on 12/8/25 at 10:01 A.M., the resident became tearful and said:-He/She had a big house and a library full of books that he/she loved to read.-He/She had had a stroke and was not able to read books anymore. -He/She was trying to be satisfied with his/her life at the nursing home, but he/she missed reading. -The facility did not have audio books that he/she could listen to. -He/She had not heard about an electronic reader.-He/She did not know if he/she had money to pay for an electronic reader but would very much like to have one. -His/Her daughter is (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	his/her guardian and handles his/her money.-No one at the facility has asked her about his/her audio books or an electronic reader.Observation and interview on 12/10/25 at 12:06 P.M. showed:-The resident sitting at a table in the dining room, not participating in any activity.-The resident was not wearing glasses. -The resident said he/she would love to listen to audio books.-The Activities staff member had not asked him/her about audio books.During an interview on 12/12/25 at 12:51 P.M., the Activities Manager said the reason reading was marked as not very important to the resident on the MDS was because the resident could not see well.During an interview on 12/15/25 at 9:09 A.M., the Administrator said:-The resident should have been evaluated for his/her interest in activities. -They had a book club where the Activity Director would read aloud a chapter of a book to the residents a couple of times a week.-The Activity Director that was doing the reading quit and nothing was done for the resident since then related to reading. -There was another resident who listened to audio books from the public library who had passed away. They sent the audio books and audio machine back to the library. -The new Activity Director should have gotten an audio book player and audio books from the library for the resident, but they had not. -The resident has ample funds and could have purchased an electronic reader and that has not been done. -They should have done something for the resident to read books to him/her. During an interview on 12/15/25 at 10:30 A.M., the Activities Manager said:-They should have gotten audio books and an audio book reader for the resident from the library because it was free. -He/She was aware that the resident could not see.-He/She was not aware the resident wanted to listen to audio books. -He/She had not asked the resident if he/she would like the audio books from the library or an electronic reader and he/she should have.

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F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility to ensure appropriate dental care when the facility failed to provide routine dental services to one sampled resident (Resident #13) out of 12 sampled residents. The facility census was 44 residents.Review of the facility's Availability of Services, Dental policy, dated August 2007, showed:-Oral healthcare and dental services were provide to each resident.-A list of available dentists was posted at each nurses' station.-A copy of the list was available from Social Services department.-Social services was responsible for making necessary dental appointments.-All requests for routine and emergency dental services were directed to the Social Services Department to assure appointments were made in a time manner.-Inquiries concerning the availability of dental services was referred to the Social Services Department of to the Director of Nursing (DON).1.Review of the resident's Face Sheet, undated, showed:-The resident was diagnosed with diabetes (a chronic condition where the body can't properly use or produce insulin, leading to high blood sugar), age related osteoporosis (a medical condition in which the bones become brittle and fragile from loss of tissue) and need for assistance with personal care.Review of the resident's admission Minimum Data Set (MDS- a comprehensive assessment tool used by nursing homes to care for residents' health, function, diagnoses, treatments, and needs), dated 12/13/24, showed:-The resident was severely cognitively impaired.-The resident had no natural teeth or tooth fragment. -The resident had no obvious cavity or broken natural teeth.Review of the resident's quarterly MDS dated [DATE], showed:-The resident had no mouth or facial pain.-The resident had not difficulty chewing.Review of the resident's Care Plan (a plan that outlined specific health needs, preferences, goals, and actions taken to meet care needs), dated 9/16/25, showed the resident was totally dependent on staff for personal hygiene and oral care.Review of the residents Physician Order Summary, dated December 2025, showed there were no orders for dental care.Observation on 12/08/2025 at 9:16 A.M., showed:-The resident was in the common area. -He/She was sitting at a table in his/her wheelchair.-His/Her teeth were noted to be discolored with several missing teeth.During an interview on 12/08/2025 at 11:19 A.M., the resident's family member said:-He/She lived out of state and was unable to visit the resident frequently.-He/She was aware of missing teeth but was not made aware of any issues.-He/She stated he/she would follow up with the facility to be sure the resident received dental care.During an interview on 12/15/2025 at 8:35 A.M., Certified Medication Technician (CMT) A said:-He/She was unsure if the resident had seen a dentist.-The resident's family took her out for appointments, but not sure if that was for a dental visit. -He/She helped the resident brush his/her teeth every morning shift and evening if he/she was working.-He/She was unsure if the resident had decay or discoloration.-The resident had no complaints about mouth pain. During an interview on 12/15/2025 at 9:02 A.M., Certified Nursing Assistant (CNA) A said:-The aides helped the resident brush his/her teeth.-Usually, the night staff did it before the day shift came on.-The night shift also brushed his/her teeth at night before bed. -The resident had no complains about pain in mouth.-He/She was unsure if the resident saw the facility dentist.During an interview on 12/15/2025 at 9:16 A.M., Licensed Practical Nurse (LPN) A said:-The aides attempted to help brush the resident's teeth. -The resident was non-compliant, and she bit down on the toothbrush.-He/She was unsure if the resident saw the facility dentist. -We told the Social Services Designee (SSD) who needed to see the dentist and the Social Worker put the residents on a list to be seen. During an interview on 12/15/2025 at 10:25 A.M., the SSD said:-The dentist came to the facility and saw residents.-He/She let the dentist know who needed to be seen.-When he/she met the residents during admission he/she asked when they need to see the dentist.-He/She asked each resident again during care plan meetings.-The family and nursing staff were good about letting him/her know which memory care residents needed to be seen.-The resident had not been seen in a little while.-The resident had been here a couple of years.-There were no notes from the dentist (continued on next page)

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F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	showing if he/she had seen the resident. -He/She was unaware if the resident went out to the dentist.During an interview on 12/15/2025 at 1:35 P.M., the Administrator said:-He/She was unaware of the resident having any dental issues or mouth pain.-There is no record of the resident seeing the facility dentist.-He/She was unaware if the resident saw an outside dentist.-No staff or family members mentioned concerns about his/her teeth. -He/She would expect all resident's to receive required dental care.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, the facility failed to store food in a manner that prevented the potential of foodborne illnesses by not dating food wrappers and containers after they were opened; by failing to document refrigerator and freezer temperatures; and by not documenting prepared hot food temperatures prior to serving to residents. The facility census was 44 residents.Review of the facility's Preventing Foodborne Illness - Food Handling policy, dated July 2014, showed:-Food was stored, prepared, handled and served so that the risk of foodborne illness was minimized.-Functioning refrigeration was monitored at designated intervals throughout the day and documented.Review of the facility's Food Preparation and Service policy, dated November 2022, showed:-Food and nutrition service employees prepared, distributed and served food in a manner that complied with safe food handling practices.-Potentially hazardous food or time/Temperature controlled for safety food required time/temperature control and monitoring.1.Observation on 12/08/25 at 9:23 A.M., showed two items in the reach-in cooler that had been opened and not labeled with an open date:-One gallon container of whole milk.-One pitcher of a beverage resembling apple juice.Observation on 12/08/25 at 9:30 A.M., showed two items in the dry storage area that had been opened and not labeled with an open dated:-One 12 count bag of flour tortilla shells with eight shells inside.-One opened bag of marshmallows dated 10/15, next to seven unopened bags of marshmallows with the same date.Review of the three-door fridge temperature log on 12/10/25 at 10:32 A.M. showed:-Evening shift temps were not taken on 12/9/25.-Morning shift temps were not taken on 12/10/25. Review of the two-door refrigerator temp log on 12/10/25 at 10:32 A.M. showed:-Evening shift temps were not taken on 12/9/25.-Morning shift temps were not taken on 12/10/25. Review of the freezer temp log on 12/10/25 at 10:32 A.M. showed:-Evening shift temps were not taken on 12/9/25.-Morning shift temps were not taken on 12/10/25. Review of the hot food temp log 12/10/25 at 10:32 A.M. showed:-Lunch meal temps were not taken on 12/9/25.-Morning meal temps were not taken on 12/10/25. During an interview on 12/10/25 at 9:15 A.M., the Head [NAME] said:-He/She checked the food temperatures for morning and noon meals.-He/She checked temps when food was put on the steam table and before it was served to the residents.-He/She checked fridge and freezer temperatures in the morning. -The evening crew checked them on their shift.-The temps were documented on the log hanging on the door of the units.During an interview on 12/10/25 at 9:38 A.M., the Dietary Manager said: -He/She or the staff monitored and recorded the refrigerator and freezer temps daily. -Temperatures were recorded on the log on outside of fridge.-The person cooking was responsible for temping the food.-He/She expected any opened food to have a label showing the date the package was opened.-The tortillas should have been dated when opened.-The marshmallows should have been dated more clearly.