

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265715	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/10/2024
NAME OF PROVIDER OR SUPPLIER  Sunnyview Nursing Home & Apartments		STREET ADDRESS, CITY, STATE, ZIP CODE  1311 E 28th Street Trenton, MO 64683	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51166</b></p> <p>Based on observation and interviews, the facility failed to ensure they maintained a safe, clean, comfortable environment for the residents, when staff failed to keep all areas of the facility clean and free from mold-like substance throughout areas in the building. The facility census was 46.</p> <p>No policy regarding housekeeping or maintaining the environment was provided.</p> <p>Observation of the facility on 9/10/24 at 6:30 A.M. showed a strong, damp and musty (having a stale, moldy or damp smell) smell outside of a resident room [ROOM NUMBER].</p> <p>Observation of the facility on 9/10/24 at 11:45 A.M. showed a black, mold-like substance on the outside of the air return vents above the nurse's station on the 300 hall; above the kitchenette on the ceiling of the closed wing; on the return air vents in the kitchen area on the 300 hall; and on the ceiling tile behind kitchen freezer in dry storeroom.</p> <p>Observation of the facility on 9/10/24 at 11:50 A.M. showed there was a strong, damp and musty smell in the dining room adjacent to nursing station number three.</p> <p>Observation of the facility on 9/10/24 at 12:00 P.M. showed a black, mold-like substance was found on the heating/cooling unit in the activity room between the nurse's station's two and three; on the heating/cooling unit between the nurse's stations two and three; and heating/cooling unit in occupied resident rooms #208, #311, #307 , and # 213.</p> <p>Observation of the facility on 9/10/24 at 12:04 P.M. showed a black, mold-like substance was found on the floor against the wall next to nightstand in resident room [ROOM NUMBER] and on the ceiling tile in an unoccupied room [ROOM NUMBER].</p> <p>During an interview on 9/10/24 at 5:45 A.M., the administrator said she was not aware of any mold but there has been leaks in the roof for sometime and the board approved a new roof to be installed.</p> <p>During an interview on 9/10/24 at 1:00 P.M., CMT 2 said he/she had not noticed mold, but does not look for it.</p> <p>During an interview on 9/10/24 at 1:05 P.M., CMT 1 said he/she has not noticed mold and is not in the habit of looking for mold.</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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 9/10/24 at 1:15 P.M., housekeeper 1 said there is no policy that includes mold mitigation or training for staff on the prevention of mold.</p> <p>MO241310</p>		