STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265715	A. Building B. Wing	09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunnyview Nursing Home & Apartments	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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure that residents or their responsible party were informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers prior to being placed on psychotropic medications for, four of the 14 sampled Residents (Residents #15, #7, #8, and #34). The facility census was 56.Review of the facility's policy Psychotropic Medication Use undated., showed: A psychotropic medication is any medication that affects brain activity and behavior. These medications would include anti-psychotics, anti-depressants, anti-anxiety, and hypnotic medications. Residents, their families and or representative are to be informed of the indications for use, does, duration, how the resident will be monitored and preventing adverse consequences. Residents or their representative have the right to decline treatment. 1.Review of Resident #34's Quarterly MDS (Minimum Data Set), a federally mandated assessment completed by facility staff, dated 6/21/25., showed: Cognition severely impaired, antipsychotic medications were take during the last 7 days of the assessment period, and dependent on staff for all activities of daily living, including medications provided by licensed staff. Review of physician orders for the month of September 2025 showed: The resident was started on Rexulti 0.25mg (an anti=psychotic medication for the management of behavioral and psychotic mood disturbances) 1 tablet by mouth every day. Order initiated on 12/10/24. Review of the resident's clinical electronic medical record, showed there was no form or documentation of signed consent by the residents guardian for the use of psychotropic medication prior to the start of this medication or at any time. Review of the resident's care plan, dated 1/6/25, showed the resident was taking antipsychotic medication for behaviors. The care plan did not address interventions or safe guards regarding this medication in the care plan or that it was discussed at the care plan meetings. 2. Review of Resident #7's admission MDS, dated [DATE] showed: - Cognitive skills intact. - No behaviors noted. - Diagnoses included cancer, anxiety, chronic kidney disease and low back pain. - Antipsychotic medications were used. (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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's care plan, dated 9/11/25 showed the plan did not address the use of antipsychotic medications. Review of the resident's POS, dated September 2025 showed Start date 8/26/25 - End date, open ended for Haloperidol lactate concentrate 2 milligrams (mg.)/milliliter (ml.) as needed for end-of-life care. Review of the resident's medical records dated 9/18/25 showed no consents or education of risks and benefits for psychotropic medication use was found. 3. Review of the resident #15's care plan, dated 7/28/25, showed: - The resident received antipsychotic medication related to dementia; - The resident had impaired decision making related to dementia. Review of the physician orders for the month of September 2025 showed the resident had an order for Seroquel 75mg twice daily (an anti-psychotic medication for the management of behavioral and psychotic mood disturbances). Order initiated on 8/7/25. Review of the resident's electronic medical record, showed no form or documentation of signed consent by the residents guardian for the use of psychotropic medication prior to the start of this medication. Review of the resident's consent for use of psychotropic medication form, dated 9/12/25, showed the resident verbally consented to being prescribed Seroquel. 4. Review of Resident #8's care plan, dated 7/3/2025, showed: - The resident had impaired decision making related to dementia; -The resident received antipsychotic medication related to anxiety. Review of the physician orders for the month of September showed: -The resident had an order for quetiapine (an anti-psychotic medication for the management of behavioral and psychotic mood disturbances) 25mg once a day. Order initiated on 12/23/2021; -The resident had an order for sertraline (a medication used to manage anxiety) 50mg once a day. Order initiated on 6/8/21; -The resident had an order for trazodone (a medication used to manage anxiety) 50mg once a day. Order initiated on 12/23/21; -The resident had an order for alprazolam (a medication used to manage anxiety) 0.25mg once a day. Order initiated on 12/8/25; -The resident had an order for lorazepam (a medication used to manage anxiety) 0.25ml to 1ml every one hour as needed. Order initiated on 7/30/25. (continued on next page)

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's electronic medical record, showed no form or documentation of signed consent by the residents guardian for the use of psychotropic medication prior to the start of this medication. During an interview on 9/18/25 at 10:39 a.m. and 9/19/2025 at 10:04P.M. , the DON said: - The facility did not have any consents signed for the antipsychotic medications until this week. - He/She was told the consents needed to be completed, so he/she had been working on them. - The consents should have been obtained prior to the resident starting on the psychotropic medication. - Resident #15's responsible party needs to consent to the resident taking psychotropic meds.

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Post nurse staffing information every day. Based on observations and interviews, the facility failed to post nurse staffing data in a prominent place, readily accessible to all residents and visitors on a daily basis at the beginning of each shift. The facility census was 56. Review of the facility's policy for posting direct care daily staffing numbers, revised August 2022 showed:Our facility will post on a daily basis for each shift nurse staffing data, including the number of nursing personnel responsible for providing direct care to residents.Within two hours of the beginning of each shift, the number of licensed nurses (Registered Nurse (RN), Licensed Practical Nurse (LPN) and Licensed Vocational Nurse (LVN) and the number of unlicensed nursing personnel (Certified Nurse Aide (CNA), and Nurse Aides (NAs) directly responsible for resident care is posted in a prominent location (accessible to residents and visitors) and in a clear and readable format.Shift staffing information is recorded on a form for each shift. The information recorded on the form shall include the following: the name of the facility, the current date (the date for which the information is posted), the resident census at the beginning of the shift for which the information is posted, 24 hour shift schedule operated by the facility, the shift for which the information is posted, type (RN, LPN, LVN, CNA) and category (licensed or non-licensed) of nursing staff working during that shift who are paid by the facility (including contract staff), the actual time worked during that shift for each category and type of nursing staff and the total number of licensed and non-licensed nursing staff working for the posted shift.Within two hours of the beginning of each shift, the charge nurse or designee computes the number of direct care staff and completes the nurse staffing information form. The charge nurse completes the form and posts the staffing information in the locations designated by the administrator.The form may be typed or handwritten. If completed electronically, the recorded information will be a minimum font size of 12 points. If the information is handwritten, it must be legible printed in black ink and written so that staffing data can be easily seen and read by residents, staff, visitors or others who are interested in the facility's daily staffing information. The previous shift's forms are maintained with the current shift form for a total of 24 hours of staffing information in a single location. Once a form is removed, it is forwarded to the office of the director of nursing services (DNS) and filed as a permanent record.Records of staffing information for each shift are kept for a minimum of 18 months or as required by state law (whichever is greater). Observations on all days of the survey, September 16, 2025, through September 19, 2025, showed unknown staff documented the staffing data on a white board at the entrance of the facility and on the 200 halls. During an interview on 9/19/25 at 8:39 A.M., the Director of Nursing (DON) said the daily staffing sheets should be on paper and posted daily in plain view and updated on each shift.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observations, interviews and record review, the facility failed to discard expired medications and biologicals stored in the medication cart and the medication room, failed to date two opened vials of Lorazepam (used to treat anxiety) for two of the 14 sampled residents, (Resident #26 and #62) and failed to ensure medication had a pharmacy label to indicate who it belonged to. The facility census was 56. Review of the facility's policy for medication labeling and storage, revised February 2023 showed:- Labeling of medications and biologicals dispensed by the pharmacy is consistent with applicable federal and state requirements and currently accepted pharmaceutical practices.- The medication label includes, at a minimum: medication name (generic and/or brand); prescribed dose; strength; expiration date, when applicable; resident's name; route of administration; and appropriate instructions and precautions.- Only the dispensing pharmacy may label or alter the label on a medication container or package.- Liquid medications are to be dated when opened. Review of the facility's policy for discarding and destroying medications, revised November 20222 showed:- Medications that cannot be returned to the dispensing pharmacy are disposed of in accordance with federal, state and local regulations governing management of non-hazardous pharmaceuticals, hazardous waste and controlled substances.- Non-controlled and Schedule V (non-hazardous) controlled substances are disposed of in accordance with state regulations and federal guidelines regarding disposition of non-hazardous medications. Review of liquid Lorazepam undated manufacture guidelines showed Lorazepam oral solution is supplied in a 30 mL multi-dose bottle requiring protection from light and refrigeration, with a beyond use date of 90 days once the bottle is opened. 1.Observation and interview on 9/17/25 at 10:31 A.M., of the 200-hall medication room showed:- Resident #26 had an opened vial of Lorazepam intensol oral concentrate without a date to indicate when it was opened.- Resident #62 had an opened vial of Lorazepam intensol oral concentrate without a date to indicate when it was opened.- Licensed Practical Nurse (LPN) A said all medications should be dated when opened. - Ipratropium and albuterol sulfate inhalation solution used to treat and manage bronchospasms (airway narrowing), without a pharmacy label to indicate which resident it belonged to. - An unopened bottle of Ocular vitamins, expired 6/25.- An unopened bottle of Vitamin D 10 micrograms (mcg.), expired 5/25.- An unopened tube of Medi Honey gel, expired 9/1/24.- An unopened box of Extra Strength gas relief, expired 6/25.- An unopened bottle of Geri-Tussin DM, expired 7/25.- Resident #15 had 19-unit doses of Formoterol Fumarate inhalation 20 mcg. /2 milliliters (ml.), expired 5/25. - LPN A said medications should have a pharmacy label to indicate which resident it belonged to and expired medication should not be used; they should be properly discarded. The nurses check the medication room and medication carts whenever they get a chance. During an interview on 9/19/25 at 8:39 A.M., the Director of Nursing (DON) said:- Lorazepam should be dated when it is opened. It is good for 90 days after it is opened.- Medication should have a pharmacy label if it belonged to a resident.- Expired medication should be destroyed and should not be used.- The nursing staff was responsible to check the medication room and the medication carts for expired medications and should be checked at least weekly.

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on interview and record review, the facility failed to use the correct form to provide one resident out of 14 sampled residents notification of changes in coverage to items and services covered by Medicare and/or by the Medicaid State plan, the facility additionally failed to provide notice to residents of the change as soon as is reasonably possible. The facility census was 54.Review of facility's Medicare Advance Beneficiary and Medicare Notice, policy undated showed:-Residents are informed in advance when changes occur to their bills. -CMS (Center for Medicare/Medicaid Services) form 10055 will be provided to the resident prior to discharging from Medicare part A. 1. Review of Resident #31's face sheet showed the Resident was admitted to Medicare part A on 2/19/25 with a diagnosis included COPD, renal failure, and heart failure. Review of the facility's ABN (the advanced beneficiary notice of non-coverage) form dated 5/7/2025, showed the facility used an outdated form, titled CMS-R-131. The form did not include the date that Medicare part A coverage would be ending. The facility did not have the current CMS-10055 ABN form.Review of resident's medical record showed no CMS-10055 ABN form located anywhere within the medical record.During an interview on 09/18/2025 at 3:23 P.M. The SSD (Social Service Director) said she was unaware that she was using the incorrect CMS form to notify residents about discontinuing of Medicare part A benefits and should be using CMS 10055 form. During an interview on 9/19/25 at 12.38 P.M. the Administrator said that she was unaware that the facility was utilizing the wrong ABN CMS form.

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on observation, interview, and record review, the facility failed to ensure residents who used psychotropic drugs did not exceed 14 days of use without a physician evaluation and renewal of the medication, and documentation of the rationale, in the resident's medical record, to indicate the duration for the PRN order, which affected two of the 14 sampled residents, (Resident #7 and #8). The facility census was 56.Review of the facility's policy for psychotropic medications use, dated July 2022 showed: - Residents will not receive medications that are not clinically indicated to treat a specific condition. - A psychotropic medication is any medication that affects brain activity associated with mental processes and behavior. - Psychotropic medications are not prescribed or given on a PRN (as needed) basis unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record. - PRN orders for psychotropic medications are limited to 14 days. - For psychotropic medications that are NOT antipsychotics: if the prescriber or attending physician believes it is appropriate to extend the PRN order beyond 14 days, he/she will document the rationale for extending the PRN order. - For psychotropic medications that ARE antipsychotics: PRN orders cannot be renewed unless the attending physician or prescriber evaluates the resident and documents the appropriateness of the medication. 1. Review of Resident #7's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 9/2/25 showed: - Cognitive skills intact. - No behaviors. - Diagnoses included cancer, anxiety, low back pain and chronic kidney disease. - Had opioids in the last seven days. - No antipsychotic medication used. Review of the resident's care plan dated 9/11/25 showed it did not address the use of Haloperidol (an antipsychotic medication used to treat various psychiatric and behavioral disorders). Review of the resident's physician order sheet (POS), dated September 2025 showed Start date: 8/26/25. End date: open ended. Haloperidol lactate concentrate, 2 milligrams (mg.)/milliliter (ml.), give 0.5 mg. - 2 mg. as needed. (continued on next page)

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/19/25 at 8:12 A.M., Licensed Practical Nurse (LPN) B said he/she did not anything about stop dates for antipsychotic medications. During an interview on 9/19/25 at 8:39 A.M., the Director of Nursing (DON) said PRN antipsychotics should only be for 14 days. It was her responsibility to ensure it had been completed. 2. Review of Resident #8's care plan, dated 07/03/2025, showed: The resident received hospice care; The resident had a diagnosis of anxiety; The resident had impaired decision making related to dementia. Review of the resident's physician order report, dated September 2025, showed Lorazepam Intensol concentrate; 2mg/mL; give 0.25ml to 1ml every hour as needed. Start date: 7/30/2025. End date: Open Ended.

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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. Based on record review and interview the facility failed to ensure staff followed facility's policy to timely update one Resident's care plan (Resident #15) out of the 14 sampled residents after the resident eloped from the facility. The facility census was 56. Review of the facilities Emergency Procedure- Missing Resident policy, not dated, showed:-Nursing staff is tasked with updating the care plan after a resident who eloped is found;-The DON is to ensure the care plan is updated. 1.Review of Resident #15's care plan, updated on 08/03/2025, showed:-The resident was at an increased risk for wandering related to repeated attempts to exit the facility;-The resident had impaired decision making related to dementia;-The resident had a diagnosis of depression;-The resident's care plan had not been updated after the resident eloped on 09/13/2025. Review of nursing progress notes, dated 9/19/25 at 8:00 P.M showed the resident eloped out the door on the 100 hall without his/her walker. The resident was then later found behind the facility 25 minutes later without his/her wander guard bracelet (A device that alarms when getting to close to an exit door.) on. During an interview on 9/19/2025 at 9:04 A.M., RN A said that he/she was there the night that resident had eloped and had seen him that night on 9/13/25 on the 100 hall around 8:00 P.M. with his/her walker, later that night he/she went to give him his/her medications and could not find him/her. RN A said there was an order on the resident's MAR (Medication Administration Record) to check the wonder guard shiftily and during report he/she was notified that the resident had a wander guard, but he/she had not had a chance to check it that night. During an interview on 09/19/2025 at 10:04 A.M. the DON (Director of Nursing) said no new measures to prevent the resident from eloping again had been put into place on the care plan after the resident eloped on 09/13/2025. The residents care plan should have been updated regarding the resident's new exit seeking behaviors. During an interview on 09/19/2025 at 10:41 A.M. the MDS (Minimum Data Set) Coordinator said:-The care plan was not updated after the resident eloped on 09/13/2025 and should have been;-The charge nurse on duty during the event was responsible for updating the care plan when an elopement occurs.