

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265730	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/30/2025
NAME OF PROVIDER OR SUPPLIER  Eastview Manor Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1622 East 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 0921  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.  (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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to ensure a sanitary and comfortable environment was maintained in the secured unit when staff did not maintain one of two-unit showers observed to have a slimy black-mold like substance, did not ensure showers/tubs were cleaned between residents, did not repair the ceiling is need of repair, and did not maintain an effective pest-control system. This affected three of four sampled residents (Resident #1, #2, #3) The facility census was 81. Review of the facility's undated admission Packet showed basic covered services for all residents includes housekeeping and maintenance services. Review of the facility's Safe and Homelike Environment policy, dated June 2024, showed:- In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment;- Environment refers to any environment in the facility that is frequented by the residents;- Housekeeping and maintenance services will be provided as necessary to maintain a sanitary and comfortable environment;- Homelike environment is one that de-emphasizes the institutional character of the setting;- Sanitary includes, but is not limited to, preventing the spread of disease-causing organisms by keeping resident care equipment clean and properly stored. Review of the facility's Housekeeping - Deep Cleaning policy, dated June 2023, showed:- Deep cleaning is to be completed as scheduled. This includes restrooms to be cleaned and disinfected, call lights to be clean and free from dust/build-up;- All areas should be monitored on a daily basis and all resident living areas and non-living areas should be clean and odor free;- Clean shower rooms inside the shower, around the shower, and the base boards in the room;- Carpets and upholstered furniture will be inspected and spot cleaned as needed;- Bathroom floors will be swept and mopped and any dirt, grime, or stains will be hand scrubbed with stiff brush or other equipment suitable for removing surface dirt from entire floor. If the stain is not removeable then housekeeper will notify maintenance department. Review of the facility's pest control company documents showed:- November 14, 2025 - Spoke with administrator and was asked to start coming back every other week for recent rodent escalation;- November 21, 2025 - Call back for rodent escalation. Placed two more bait stations outside. Helped maintenance place more glue traps and check in several areas where we found holes in wall and under vents that needed to be filled;- December 5, 2025. Rodent traps inspected and serviced. 1. Review of Resident #1's, Annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 10/24/25, showed:- Cognition mildly impaired;- Required supervision from nursing staff for showering, and hygiene;- Diagnosis of diabetes, dementia, chronic obstructive pulmonary disease (COPD - lung and airway diseases that restrict breathing), and schizophrenia. Review of the resident's care plan, dated 11/14/25, showed:- Post-Traumatic Stress Disorder, resident requires a safe environment free from actual or perceived judgement and physical or perceived danger;- The resident identified at risk of aggression, anxiety, and delusions related to schizophrenia diagnosis;- The nursing staff were directed to monitor and work with the resident to reduce his/her anxiety. During an interview on 12/30/25 at 8:51 A.M., the resident said:- His/Her room wasn't very clean, and staff only would sweep and mop every other day;- He/She has seen two mice running back and forth in his/her room that would get in under the radiator vent and go from one room to the other;- He/She wouldn't let the facility put down sticky traps in his/her room because he/she didn't want to hear mice dying and crying out;- He/She has seen mice all over the secured unit;- The staff do not clean the shower between residents and sometimes he/she gets in the shower and has to put a towel down because the shower floor was so slimy. The shower has black mold around the edges;- He/She has never seen the staff clean the showers. Observation on 12/30/25 at 8:52 A.M., showed Resident #1's room with a heat register on the floor, beneath the window, that ran wall to wall, with approximately a 1-to-1.5-inch gaps. 2. Review of Resident #2's, Quarterly MDS, dated [DATE], showed:- Mildly impaired cognition;- The resident requires supervision from facility staff for showering and hygiene;- Diagnoses include Diabetes, Bipolar Disorder, and Schizophrenia. Review of the Resident's Care Plan, dated 10/20/25, showed:- The resident has a behavior trigger of not feeling safe in his/her environment;- The resident is at risk of anxiety, and delusions related to schizophrenia diagnosis;- The nursing staff are directed to monitor and work with the resident to reduce his/her anxiety. During an interview on 12/30/25 at 10:04 A.M., the Resident said: - He/She didn't like being at the facility because there is a mice problem and mice come out at night;- The mice run along the radiator from room to room;- He/she has sticky traps in his/her room, but the traps have not caught any mice;- The showers were awful, the staff do not keep the showers clean</p>		