STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265814	A. Building B. Wing	04/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Springfield Villa	1100 East Montclair Springfield, MO 65807

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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 ensure food was protected from possible contamination at all times when staff failed to air dry dishes, failed to wear hair/beard nets appropriately, failed to ensure the hood above the cooking area was clean, and when staff did not ensure a proper air gap for drain hoses/pipes. These failures had the potential to affect all residents. The facility census was 118.1. Review of the Food and Drug Administration (FDA) 2022 Food Code showed the following:-Items must be allowed to drain and to air-dry before being stacked or stored;-Stacking wet items such as pans prevents them from drying and may allow an environment where microorganisms can begin to grow.Review of the facility's policy titled General Dish Room Sanitation, dated May 2015, showed the following:-All items are to be air dried. No moisture can be found on any stacked item;-If a fan is used to cause air flow, it cannot be directed at the clean dishes;-All items must be stored inverted, covered, or stacked with top of dish/tray inverted.Observation on 04/13/26, beginning at approximately 9:00 A.M., showed the following:-Wet dishes stacked on the tray:-A total of 30 small, clear juice cups stacked upside down on a tray with no liner or possible air flow, trapping water inside the cups;-A total of 69 small, white bowls stacked upside down on a tray with no liner or possible air flow, trapping water inside the bowls. Observation on 04/17/26, at approximately 9:35 A.M., showed the following:-A total of 19 plastic soup bowls stacked upside down on a tray with no liner or possible air flow, trapping water inside the bowls;-A total of 30 small, clear juice cups stacked upside down on a tray with no liner or possible air flow, trapping water inside the cups. During an interview on 04/17/26, at approximately 11:45 A.M., Dietary Aide (DA) J said the following:-Dishes should be air dried before being put away;-None of the dishes should be wet when they are stacked;-He tried to make sure dishes are dried before putting any of them away.During an interview on 04/17/26, at approximately 1:45 P.M., DA F said dishes were not to be stacked wet.During an interview on 04/17/26, at approximately 2:20 P.M., the Dietary Manager (DM) said he/she did know that dishes could not be stacked while still wet.During an interview on 04/17/26, at approximately 2:35 P.M., the Director of Nursing (DON) said the following:-Dishes are not supposed to be stacked while still wet and have no air flow;-This can cause bacteria to grow on the surface;-All dishes need to be completely air dried and then they can be put away.During an interview on 04/17/26, at approximately 5:35 P.M., the Administrator said the following:-Dishes should never be stacked when they are still wet;-He/she understands that bacteria growth could occur.2. Review of the FDA 2022 Food Code showed food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens, and unwrapped single-service and single-use articlesReview of the facility's policy titled Dietary Personnel Guidelines, dated May 2015, showed hairnets or bouffant disposable caps should be always worn and should cover the entire head.Observation on 04/13/26, at approximately 1:15 P.M., showed the following:-The Administrator entered the kitchen without a hairnet or beard net;-He/she walked through the kitchen and into the Dietary Manager's office and shut the door;-At approximately 1:20 P.M., the Administrator walked back through the kitchen to exit the kitchen;-Each time he/she went (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	through the kitchen, he/she was in close proximity to where food was served out daily by walking past the front-side of the steam table.Observation on 04/15/26, at approximately 11:00 A.M., showed DA J was in the kitchen putting away clean dishes and had no beard covering on his/her facial hair.During an interview on 04/17/26, at approximately 11:45 A.M., DA J said the following:-He/she knew to wear a beard covering;-He/she forgot today.During an interview on 04/17/26, at approximately 2:00 P.M., [NAME] G said the following:-He/she does not go without a hairnet;-If he/she sees another staff not wearing one, he/she will remind the person and then it is taken care of.During an interview on 04/17/26, at approximately 2:20 P.M., the Dietary Manager said the following:-Anyone in the kitchen is required to wear hairnets, including beard coverings;-If someone comes into the kitchen, that is not kitchen staff, they should not pass the markings at the door, without a hairnet.During an interview on 04/17/26, at approximately 2:35 P.M., the DON said anyone going into the kitchen needs to wear a hairnet.During an interview on 04/17/26, at approximately 5:35 P.M., the Administrator said the following:-Staff are required to always wear hairnets and beard coverings when in the kitchen;-Anyone working with food needs to have hair coverings.3. Review of the facility policy titled Stoves, Guidelines for Hood Filter Over Stove, dated May 2015, showed the following:-The screen will be cleaned monthly, and interior/exterior of exhaust hood will be cleaned monthly;-Remove screens from over stove and wash screens in a heavy-duty degreaser;-Use a brush to scrub the screens, dip in hot sanitized water, rinse;-Remove and let screens air dry;-Cleaning the screens is done weekly;-Spray the interior of the hood with a degreasing agent;-Wash interior of the hood with detergent solution to remove the degreaser, rinse thoroughly;-The outside of the hood is cleaned daily with a clean cloth.Observation on 04/13/26, beginning at approximately 9:00 A.M., showed the following:-The hood over the gas stove was covered in a thick, greasy buildup, that was mixed with cobwebs or lint;-The top rim, edging the hood was covered in the grease and cobweb/lint buildup, and food splatters.During an interview on 04/17/26, at approximately 1:20 P.M., [NAME] G said the following:-He/she will clean the stove and oven and other appliances but does not clean the hood on a regular basis;-This should be done by the dishwasher.During an interview on 04/17/26, at approximately 2:20 P.M., the Dietary Manager said the following:-He/she had removed the screens and cleaned them before, but it had been too long since the hood had been cleaned;-He/she did not know how long it had been since the hood had been cleaned. 4. Review of the FDA 2022 Food Code showed an air gap between the water supply inlet and the flood level rim of the plumbing, fixure, equipment, or non-food equipment shall be at least twice the diameter of the water supply inlet and may not be less than 25 mm (1 inch).Review showed the facility did not provide a policy regarding air gaps.Observation on 04/13/26, beginning at approximately 9:00 A.M., showed the following:-A drainpipe, approximately 6 to 8 wide, coming out of the floor and located behind the ice machine (left of the counter where the sink is located) with no air gap with the pipes over it; -There were drainpipes coming out of the ice machine and the sink, that went directly to the drainpipe;-The drain from the ice machine and the drain from the sink both lay directly on top of the drainpipe, with no air gap in between;-All the pipes were covered in a black, slimy substance, from where they touch to approximately 3-4 inches onto the pipes.Observation on 04/13/26, at approximately 1:05 P.M., showed in the vending machine room, a counter-top ice machine sat on the right edge. The drainpipe came out the back of the ice machine, going into a drain pan. The drain pan was the shape of a loaf pan, approximately 5 inches by 6 inches and made of metal and connected to the side of the cabinet, where the ice machine sat. The drainpipe lay directly in the drain pan, which was overflowing. The drainpipe sat in approximately 2 inches of stagnant water and touching the side of the drain pan, with no air gap in between.During an interview on 04/17/26, at approximately 2:00 P.M., [NAME] G said there was supposed to be an air gap for all pipes, where they are close to each other.During an interview on 04/17/26, at approximately 2:20 P.M., the DM said he/she did not know about the required air gap.During an interview on 04/17/26, at approximately 3:20 P.M., the Maintenance Director said the following:-The pipes behind the counters or going into the drains are cleaned (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	monthly;-Staff noticed there was no air gap, but they thought the pipes were correct.During an interview on 04/17/26, at approximately 5:35 P.M., the Administrator said the following:-It was brought to his/her attention that there was no air gap, as required, for the ice machines and one of the kitchen sinks;-He/she had assumed that the pipes were okay and was not aware of any potential problems;-He/she understood that there is a possibility of bacterial growth occurring.

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F 0922 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have enough backup water supply for essential areas of the nursing home. Based on interview and record review, the facility failed to have a policy in place that addressed the quantity of emergency water to be kept on-site and failed have a supply of emergency water on-site. The facility census was 118.Review of the facility's policy entitled, Emergency Water, undated, showed the following:-To ensure safe water for residents, staff, and visitors during a crisis, our facility maintains:-An emergency water supply that is suitable and accessible;-An emergency water supply consistent with applicable regulatory requirements; and-Methods for water treatment when supplies are low;-A corporation provides emergency water supply in the event it is needed. Review of the facility policy titled Emergency Water Source, undated, showed the following:-Verbal communication is acceptable;-Specific companies are contracted to provide 500 gallons of bottled water per day in the instance of an emergency;-The purpose of the guideline is to ensure that there will be adequate water supply on hand to supply residents with water for their personal and hygienic needs;-In the event of a water supply shortage, water will be brought in and dispensed as needed. Water will be boiled or treated according to the Department of Health recommendations, as needed for ingestion or other usage;-Local water can be obtained immediately by individual transport, from the local grocery stores, local pharmacies, gas stations, and any area store that sells water;-The nearby corporate facilities will transport needed water by van or individual vehicles, immediately upon phone calls requesting water assistance;-The facility will determine the amount of water based on information from the Centers for Disease Control (CDC) and World Health Organization (WHO), which recommends 1-2 gallons of potable water per resident and employee per day;-The amount of bottled water needed will depend on the option of boiling and treating water in the facility;-The amount of 1-3 (average 2) gallons of potable water will be considered to ensure water for drinking, cooking and treatments (i.e.: if the facility has 60 residents and 20 employees a day, with the average of 2 gallons for both, this will require 160 gallons of potable water a day, approximately);-The facility should have agreements with outside vendors to provide the determined amount of water in an emergency water supply outage;-Services will be provided within 1-2 hours after request is made, but will depend on the road conditions and access to the facility;-Services will be provided until the emergency has been resolved. 1. During an interview on 04/13/26, at approximately 9:45 A.M., the Dietary Manager said the following:-He/she was unsure where the emergency water is located;-He/she said it may be kept at a storage building for all facilities. During an interview on 04/17/26, at approximately 1:20 P.M., Dietary Aide (DA) E said he/she did not know where any emergency water might be kept. During an interview on 04/17/26, at approximately 1:45 P.M., DA F said he/she did not know where any emergency water was located and had never seen any. During an interview on 04/17/26, at approximately 2:00 P.M., [NAME] G said he/she had not seen any emergency water anywhere at the facility but felt like they used to have some stored, somewhere, but could not remember. During an interview on 04/17/26, at approximately 2:20 P.M., the Dietary Manager said the following:-He/she was sure the facility used to have some, but was no longer familiar with where it may be kept;-He/she was uncertain if the facility has emergency water any longer kept on-site;-If they are keeping emergency water, he/she is uncertain where it is located or how much is required. During interviews on 04/13/26, at 8:45 A.M., and on 04/17/26, at 4:57 P.M., the Director of Nursing (DON) said the facility did not keep a supply of emergency water onsite. The facility had contracts in place for the delivery of emergency water. During interviews on 04/13/26, at 8:45 A.M., and on 04/17/26, at 5:20 P.M., the Administrator said the facility did not keep a supply of emergency water on site. The facility had contracts in place for the delivery of emergency water. The facility should have a supply of emergency water stored on site.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview, and record review, the facility failed to ensure a clean, comfortable, and homelike environment to all residents and family when staff failed to address broken blinds in one resident's (Resident #94) room, failed to address a broken drawer handle in one resident's (Resident #3) room, and failed to address missing handrail end caps bumped into by one resident's (Resident #11) family member. The facility census was 118.Review showed the facility did not provide a policy related to physical environment and repairs. 1. Observation and interview on 04/13/26, at 9:30 A.M., with Resident #94 showed the following:-The resident's window blind was pulled approximately halfway up;-The blind slats were bowed with slat was missing;-Near the resident's bathroom, a blind slat, approximately 2 inches wide and five feet long, leaned up against the wall;-He/she said he/she would like to have the blinds closed, as it would be frightening to look out at night and see a face in the window;-He/she did not remember the last time the blinds were able to completely close. 2. Observation and interview on 04/13/26, at 9:40 A.M., with Resident #3 showed the following:-The resident's 3-drawer bedside stand had the bottom drawer handle hanging toward the floor with only one screw present;-He/she said he/she did not know how long the handle had been broken;-The dresser was hard to open with the broken handle. 3. Observations and interviews on 04/13/26, at 11:50 P.M. and 12:15 P.M, showed the following:-In the common area, near the nursing desk, three handrails missed the end caps, with exposed plastic edges;-Resident #11's family member bumped his/her elbow on the end of the handrail when sitting down in the chair. He/she said he/she worried that a resident will bump the railing end and receive a bruise or skin tear. 4. During an interview on 04/15/26, at 11:30. A.M., Certified Nurse Aide (CAN) X said staff should verbally notify maintenance or write in the maintenance log at the nurses' desk if there were any broken items or concerns of damage in the facility. During an interview on 04/16/26, at 4:20 P.M., Licensed Practical Nurse (LPN) I said the following:-Each nursing station has a maintenance log to enter any broken items or repairs needed; -Maintenance staff check the log daily;-Staff should notify maintenance of broken blinds and missing handrails caps;-Maintenance had repaired the handrails in the past but a resident pulled the end caps off. During an interview on 04/17/26, at 2:10 P.M., the Director of Nursing (DON) said the following:-Staff should notify maintenance of any broken items;-Maintenance logbooks are located at each nursing station. During an interview on 04/17/26, at 3:00 P.M., the Maintenance Supervisor said the following:-Staff can document needed repairs in the maintenance logbooks, located at each nursing desk;-Maintenance staff check the logbooks daily;-Staff can verbally notify maintenance staff of broken items or repairs needed;-He/she was unaware of the broken blinds or the missing handrail end caps. During an interview on 04/17/26, at 5:10 P.M., the Administrator said the following:-Staff should write any concerns related to repairs or maintenance in the logbook at the nurses' desk;-The staff should notify maintenance of any broken items or disrepair, no matter how small, such as paint chips, broken blinds, or broken handrails.

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on record review and interview, the facility failed to implement policies to prevent possible abuse when staff failed to maintain documentation for a criminal background check (CBC) for one staff member (Certified Medication Technician (CMT) N). The facility census was 118.Review of the facility's policy entitled Abuse, Neglect, Exploitation, Mistreatment and Misappropriation of Resident Property, undated, showed the following:-It is the policy to screen employees and volunteers prior to working with residents. Screening components include verification of references, certification and verification of license, and criminal background check;-A criminal background check will be conducted on all prospective employees using either the Family Care Safety Registry (FCSR - a database that includes a CBC check) or the facility's contracted independent investigation and consulting company. 1. Review of the CMT N's personnel file showed the following:-Hire date of 08/15/24;-Staff did not have documentation of a CBC completed. During an interview on 04/17/26, at 2:55 P.M., the Receptionist/Human Resources staff said he/she was responsible for completing the background, EDL, and Nurse Aide Registry checks prior to hiring an employee. He/she took over this duty from the previous facility administrator last year, after CMT N was hired. During an interview on 04/17/26, at 3:52 P.M., the Director of Nursing (DON) said the Receptionist/Human Resources staff was currently responsible for completing background checks for potential employees before they are hired. Orientation was not scheduled until the CBC results were received. During an interview on 04/17/26, at 2:52 P.M., the Administrator said they were unable to locate the documentation pertaining to a CBC for CMT N. The receptionist/human resources staff is responsible for completing the background checks prior to hiring an employee.

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities when staff failed to provide activities to three residents (Resident #11, #94, and #115) on the memory care unit who voiced importance of attending activities. The facility census was 118.Review of the facility policy Resident Activities, dated March 2012, showed the following;-The activities services of each facility will, plan, organize, and carry out a program of activities to meet individual resident needs;-The program is designed to give residents entertainment, communication, exercise, relaxation and an opportunity to express their creative talent;-Through the activities, residents can fulfill basic psychological, social and spiritual needs;-The Activity Director plans and organizes a program of approved activities for residents on a group and for individuals, to meet the needs of the residents;-A calendar of events will be posted on the activity bulletin board to inform residents, visitors and staff of scheduled activities;-All staff are responsible for assisting residents with activities of their choices;-An activity program is planned for each resident as part of their total resident care by the Activity Director, in cooperation with nursing service and with physician approval;-Residents shall be encouraged, but not forced, to participate in activities of choice;-An individualized program will be implemented for residents unable to participate in or attend activities;-Activity Director will consider the following related to environment and structured activities:-Activity Director will ensure that adaptive equipment is available for residents to participate in activity;-Activity area will be accessible to residents in wheelchairs, specialized chairs;-The Activity Director will develop a monthly activity calendar based on the residents' needs and interests;-The calendar should include a wide variety of activities to meet all aspects of daily living;-Activities should include physical, spiritual, emotional, cognitive, sensory, work service related and fun recreational;-Activities should be planned for both large and small groups;-A monthly calendar of events for general participation is posted in the facility for quick reference by personnel, residents and visitors;-A monthly activity calendar will be provided to each resident;-The nursing supervisor is informed of the scheduled activities for residents on his/her unit and where they are to take place;-The Activity Director consults with the nursing supervisor concerning resident's condition and the most appropriate time and location for activities. Review of the facility's April 2026 Activity Calendar showed the following:-Stronger Longer exercise Monday, Wednesday, and Fridays, no time noted;-Devotions on Monday, Wednesday, and Fridays, no time noted;-Movie with your meal on Monday, Wednesday, and Fridays, no time noted;-Puzzles and independent games on Saturdays;-Guys & Gals nails on Mondays, no time noted;-Refreshment cart on Mondays, no time noted;-Movie outing on 04/15/26, at 12:00 P.M.;-Monthly birthday party in the dining room on 04/16/26 at 2:30 P.M. 1. Review of Resident #94's face sheet showed the following information:-admission date of 09/17/25;-Diagnoses included dementia (decline in mental ability severe enough to interfere with daily life) without behavioral disturbance, muscle weakness, and cerebrovascular disease (group of conditions that affect blood vessels in the brain, restricting oxygen flow and potentially causing brain tissue damage). Review of the resident's comprehensive Minimum Data Set (MDS - a federally mandated comprehensive assessment completed by facility staff), dated 10/28/25, showed the following:-Severe cognitive impairment;-Preference of having books, magazines, listening to music, being around animals, was somewhat important;-Preference of having snacks between meals, keeping up with news, doing things with groups of people, getting fresh air and participating in religious services, was very important. Review of the resident's April 2025 Activity Calendar showed the following:-On 04/02/26, the resident received easter treats;-On 04/03/26, the resident received snack cart;-On 04/05/26, the resident attended services in the chapel;-On 04/09/26, the resident watched a movie with the meal and hot cocoa bar;-On 04/12/26, the resident participated in National (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Wear a Star Day;-On 04/13/26, the resident had refreshments cart;-On 04/15/26, the resident participated in hot cocoa bar;-On 04/16/26, the resident watched a movie with the meal.(Staff did not document offering other activities from the activity calendar to the resident.) During an interview on 04/13/26, at 11:00 A.M., the resident said he/she likes to be involved in activities when available, but there are not many activities. 2. Review of Resident #11's face sheet showed the following:-admission date of 11/25/24;-Diagnoses included vascular dementia (cognitive decline caused by reduced blood flow to the brain, damaging tissue), repeated falls, and anxiety disorder. Review of the resident's comprehensive MDS, dated [DATE], showed the following:-Moderate cognitive impairment;-Preferred snacks between meals, family involvement in care discussion, reading, listening to music, being around animals, doing things with groups of people, participating in favorite activities, spending time outdoors, and participating in religious activities. Review of the resident's April 2026 Activity Calendar showed the following:-On 04/02/26, the resident assembled easter eggs;-On 04/05/26, the resident attended services in the chapel;-On 04/09/26, the resident watched a movie with the meal and hot cocoa bar and the resident visited with his/her family member;-On 04/12/26, the resident participated in National Wear a Star Day;-On 04/14/26, the resident watched a movie with lunch;-On 04/15/26, the resident participated in hot cocoa bar;-On 04/16/26, the resident watched a movie with the meal.(Staff did not document offering other activities from the activity calendar to the resident.) During an interview on 04/13/26, at 12:15 P.M., the resident's family member said the resident liked to be involved in activities when available. There are not many activities provided. He/she was unaware of any staff providing one-to-one activities or conversations with the resident. 3. Review of Resident #115's face sheet showed the following information:-admission date of 04/29/24;-Diagnoses included frontal temporal neurocognitive disorder (progressive brain disease causing atrophy (wasting away, shrinkage) in the front and side of the brain, primarily affecting personality, behavior, and language), vascular dementia, and need for assistance with personal cares. Review of the resident's MDS, dated [DATE], showed the following:-Severe cognitive impairment;-Preference of reading books, magazines, listening to music, doing things with groups of people, spending time outdoors, participating in favorite activities, participating in religious activities. Review of the resident's April 2026 Activity Calendar showed the following:-On 04/02/26, the resident received easter treats;-On 04/03/26, the resident had therapy;-On 04/06/26, the resident participated in music therapy;-On 04/09/26, the resident had therapy and movie with the meal;-On 04/12/26, the resident participated in National Wear a Star Day;-On 04/14/26, went for a drive with family and had move with lunch;-On 04/16/26, the resident watched a movie with the meal.(Staff did not document offering other activities from the activity calendar to the resident.) During an interview on 04/13/26, at 11:20 A.M., the resident's family said the resident liked to be involved in activities when available. 4. Observation on 04/13/26, at 11:00 A.M., in the memory care unit showed the following:-No activity schedule posted in common area;-Activity schedule posted near the nurses' desk, not visible for residents or visitors;-Staff provided packaged refreshments on individual basis when residents were in the common area;-A radio near the nursing station that was not turned on;-Staff assisting residents with toileting, dressing, and bathing;-No observation of activities with residents. Observation on 04/14/26, at 10:00 A.M., in the memory care unit showed the following:-No activity schedule posted in common area;-Activity schedule posted near the nurses' desk not visible for residents or visitors;-A radio near the nursing station that was not turned on;-Two aides and one nurse present. One aide providing showers, one aide redirecting residents and providing snacks as needed, and a nurse completing paperwork at the nursing desk;-No observation of activities with residents. Observation on 04/14/26, at 2:35 P.M., in the memory care unit, showed the following:-Three residents seated in the dining room in wheelchairs, one resident with their head on table and eyes closed, one resident leaning to his/her left side and touching parts on their wheelchair, and one resident with their head hanging forward and eyes closed. No staff present in the room;-No observation of activities with residents. Observation on (continued on next page)

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	265814	A. Building B. Wing	04/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	04/15/26, at 4:30 P.M., in the memory care unit showed the following:-Licensed Practical Nurse (LPN) I present in the dining room with four residents and one family member;-LPN I turned on music and encouraged the four residents to raise their arms and stomp their feet for exercise. The activity lasted approximately five minutes;-LPN I documented the four resident's attendance in the activity calendar book. Observation on 04/16/26, at 2:30 P.M., in the main dining room, showed a birthday party with cake and outside entertainment with one resident from memory care unit in attendance. Observation on 04/16/26, at 4:00 P.M., in the memory care unit, showed the following:-The radio on in the common area;-The television turned on in the dining room;-No birthday party with cake or outside entertainment was provided for residents in the memory care unit.5. During an interview on 04/14/26, at 11:30 A.M., Certified Nurse Aide (CNA) AA said the following:-Activity staff bring a daily activities schedule to the nurse and sometimes supplies if needed;-The nurse and aides on the memory care unit were responsible for providing the daily activities;-The activities do not always occur as the aides are busy providing care to residents; -He/she had not observed activities staff providing one-on-one activities with the residents; -There are not many activity supplies available. During an interview on 04/16/26, at 4:00 P.M., CNA H said the following:-Staff will occasionally take one or two memory care residents to the main dining room for the monthly birthday parties;-Sometimes a few pieces of cake are brought to the residents in the memory care unit. During an interview on 04/15/26, at 4:20 P.M., LPN I said the following:-Memory care unit staff try to provide activities during the day as much as possible;-There are not a lot of supplies available for the staff to use;-He/She had purchased 12 plastic blow up balls for the residents to toss around;-A resident's family member brought in a bingo game but only four or eight people can play;-It is difficult for staff to provide activities when only one aide is working on the unit. During an interview on 04/17/26, at 10:00 A.M., Activity Director (AD) said the following:-The activity calendar for the memory care unit had been modified from the main calendar to suit the residents' needs;-The activity calendar is located at the nursing station. A daily activity calendar is provided to the nursing staff;-Memory care residents do not have a copy of the calendar by their doors, as they take it off the wall;-The memory care staff provide activities in the unit. If they do not have time, they can contact the activity staff to assist;-One-on-one activities are not provided unless it is in the resident's care plan;-During large activities in the main dining room, when snacks are provided, leftovers are given to residents that did not attend the activity. There was a large crowd for this month's birthday party, therefore there were no birthday cake leftovers. During an interview on 04/17/26, at 10:40 A.M., the Director of Nursing (DON) said the following: -Activity calendars were provided to the whole building;-The activity department provided supplies to the memory care unit for activities;-LPN I turned on music when he/she worked;-Staff assist memory care residents to events in the activity room and main dining room as appropriate;-A hospice company hosts the monthly birthday party and provides cake;-This month there was a large group in attendance, and there was no leftover cake to share with residents who did not attend the party;-Previously, the facility had an activity assistant, which helped in getting more residents involved; -If memory care unit staff are unable to complete activities, they can notify the activity department and supplemental staff can assist. During an interview on 04/17/26, at 1:35 P.M., Social Services Director said the following:-Residents should be encouraged to attend activities of their preference;-Staff should provide residents in the memory care unit with activities and keep them engaged; -The activity department is responsible for the activity preferences portion of the MDS and should discuss preferences with the residents and their families. During an interview on 04/17/26, at 5:10 P.M., the Administrator said the following:-The memory care unit has its own activity calendar;-Aides provide activities when they are available;-Memory care staff and families can take residents to activities outside the unit.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide an environment free of accident hazards when staff failed to maintain sink hot water temperatures between 105 and 120 degrees Fahrenheit (F) in four resident rooms (rooms 100, 102, 103, and 106) increasing the risk of burns due to hot water and when staff failed to ensure smoking materials and lighters were secured for one resident (Residents #28). The facility census was 118. Based on observation, interview, and record review, the facility failed to provide an environment free of accident hazards when staff failed to maintain sink hot water temperatures between 105 and 120 degrees Fahrenheit (F) in four resident rooms (rooms 100, 102, 103, and 106) increasing the risk of burns due to hot water and when staff failed to ensure smoking materials and lighters were secured for one resident (Residents #28). The facility census was 118. 1. Review showed the facility did not provide a policy pertaining to water temperature range. Review of the United States Consumer Product Safety Commission (CPSC) document Avoiding Tap Water Scalds, dated 03/2012, showed the following: -Most injuries involving tap water scalds are to the elderly and children under the age of five; -The CPSC urges all users to lower their water heaters to 120 degrees F; -Most adults will suffer third-degree burns if exposed to 150 degrees F water for two seconds; -Burns will also occur with a six-second exposure to 140 degrees F water or with a thirty second exposure to 130 degrees F water; -If the temperature is 120 degrees F, a five-minute exposure could result in third-degree burns. Observation on 04/14/26 showed the following hot water temperatures in the residents' sink : -At 6:15 P.M., the hot water in resident occupied room [ROOM NUMBER] measured 123.4 degrees F; -At 6:17 P.M., the hot water in resident occupied room [ROOM NUMBER] measured 124.3 degrees F; -At 6:20 P.M., the hot water in resident occupied room [ROOM NUMBER] measured 124.5 degrees F; -At 6:22 P.M., the hot water in resident occupied room [ROOM NUMBER] measured 124 degrees F. Observation on 04/15/26 showed the following hot water temperatures in the residents' sink: - At 4:17 P.M., the hot water in resident occupied room [ROOM NUMBER] measured 124.3 degrees F; - At 4:19 P.M., the hot water in resident occupied room [ROOM NUMBER] measured 122.9 degrees F; - At 4:22 P.M., the hot water in resident occupied room [ROOM NUMBER] measured 124.5 degrees F; (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-At 4:24 P.M., the hot water in resident occupied room [ROOM NUMBER] measured 124.2 degrees F. Observation on 04/16/26, at 3:05 P.M., showed the hot water heater in the closet on the 100 hall set at just below 130 degree temperature. During interviews on 04/16/26, at 3:00 P.M. and 4:30 P.M., the Maintenance Director said the following: -He/she chose two rooms per hall to check the hot water temperatures and does this on a monthly basis; -It was the facility policy that hot water was 05 degrees to 120 degrees F. The hot water was not to be over 120 degrees F. During interview on 04/17/26 at 5:20 P.M., the Administrator said he would expect staff to maintain the hot water temperatures between 105 degrees to 120 degrees F range. 2. Review of the facility's admission Packet Resident Rules and Regulations showed for safety reasons, the resident and any visitor to this facility is hereby advised not to smoke except under supervision and/or in designated smoking areas. Residents may not retain matches or lighters. Review of the facility's Independent Smoking Policy, dated 06/16/25, showed the following: -Current independent smokers who are found appropriate to independently smoke by completing the smoking assessment will be allowed to keep their cigarettes in a lock box assigned to them individually in their room. The resident will have an assigned key that the resident will be responsible for; -New residents that are admitted in the building will need to provide their own lock box and key; -Residents who are independent will need to continue to check out a lighter from the nurses' station. Annually and after a change of condition the resident will be reassessed through the smoking assessment to ensure safety; -Signature lines were indicated for the resident and a witness. 3. Review of Resident #28's face sheet (gives basic profile information) showed the following information: -admission date of 04/06/26; -Diagnoses included fracture of lower spine and pelvis, multiple fractures of ribs, traumatic pneumothorax (partial or complete lung collapse caused by air entering the surrounding space due to chest injury), depression, anemia due to blood loss, anxiety, and postprocedural pain. Review of the resident's admission Minimum Data Set (MDS - a federally mandated comprehensive assessment tool completed by facility staff), dated 04/22/26, showed the following: -Cognitively intact; (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Functional limitation in range of motion included impairment to upper extremity, one side and bilateral lower extremities; -Required partial/moderate assistance with wheelchair mobility; -Required substantial/maximal assistance withbed/chair transfers; -Current tobacco use. Review of the resident's Smoking Risk Assessment, dated 04/06/26, showed the following: -Smoked cigarettes; -Memory intact; -Independent for decision making; -Understands and follows smoking guidelines per policy; -Recommendation for supervised smoking until further observation. Review of the resident's care plan, dated 04/06/26, showed the following: -Not allowed to smoke in his/her room. Can smoke with staff supervision in designated smoking area and may take smoking materials when on leave of absence; -Will dispose of his/her cigarette/butts in designated receptacles; -Observe/document non-compliant smoking behaviors exhibited as indicated; -Complete a smoking safety assessment per protocol within 14 of admission, quarterly, and as needed; -Observe resident routinely to ensure safety while smoking; -Smoking is allowed during designated times, with staff supervision in designated area only. Observation on 04/14/26, at 11:40 A.M., showed the resident rested in bed. A pack of cigarettes and a lighter were on the back edge of the vanity countertop. Observation on 04/16/26, at 12:45 P.M., showed a pack of cigarettes and a lighter lying on the right side of the sink. During the observation the resident said he/she was a smoker, but had not smoked since he/she was admitted to this facility. Nobody had told him/her anything about securing the cigarettes or lighter. During an interview on 04/17/26, at 1:10 P.M., Certified Nurse Aide (CNA) B said residents' cigarette lighters should be kept at the nurses' desk. The resident must ask for the lighter and return it to the desk. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 04/17/26, at 1:16 P.M., Registered Nurse (RN) C said residents could keep their own smoking materials secured in their room if they were assessed and deemed safe to maintain them. During an interview on 04/17/26, at 1:24 P.M., CNA DD said residents who were assessed as independent smokers could keep their cigarettes secured in their rooms. All residents' lighters were to be kept secured at the nurses' desk. The resident had to ask for it and return it. During an interview on 04/17/26, at 1:28 P.M., Licensed Practical Nurse (LPN) K said cigarettes can be kept secured in a resident's own room. All lighters should be locked in the medication room or in a drawer at the nurses' desk. During an interview on 04/17/26, at 3:52 P.M., the Director of Nursing (DON) said independent smokers could keep their own cigarettes on them or in their rooms, but were required to check in/out their lighter from the nurses' station. During an interview on 04/17/26, at 5:20 P.M., the Administrator said cigarettes and lighters should be kept at the nurses' station.

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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 observation, interview, and record review, the facility failed to ensure all resident medications were secure, when staff members failed to lock medication carts containing resident medications while out of their line of sight and failed to ensure the narcotic medications (controlled substances regulated due to high potential for abuse, addiction, or dependence) were double locked inside of the medication carts. The facility census was 118.Review showed the facility did not provide a policy related to medication storage. 1. Observation on 04/16/26, at 12:05 P.M., showed the following:-Certified Medication Tech (CMT) N stood at a medication cart preparing medications. The medication cart was located in the hall, outside of the main dining room;-CMT N prepared a resident's medications while standing at the medication cart;-CMT N placed the medications in a medicine cup;-CMT N opened the second right drawer and opened the narcotic box without using a key and dispensed a narcotic medication;-He/she closed the narcotic box without engaging the lock;-CMT N closed the drawer and did not lock the cart. CMT N walked away from the cart, into the dining room, out of line sight of the cart;-When CMT N returned to the medication cart, he/she opened the cart without using a key and then opened the second right drawer and opened the narcotic box without using a key and dispensed a narcotic medication;-He/she closed the narcotic box without engaging the lock;-CMT N closed the drawer and did not lock the cart, then walked away from the cart, into the dining room, out of line sight of the cart.2. Observation on 04/16/26, at 3:35 P.M., showed the following:-CMT D prepared medications in the 100 hall;-CMT D closed the medication drawer and pressed in slightly on the medication cart lock. The lock was protruding approximately one inch from the front of the cart with a visible red dot on the side of the lock;-CMT D walked away from the cart, down the hall, and into a resident's room, out of line of sight of the cart;-When CMT D returned to the medication cart, he/she pulled the lock out with his/her fingers, without the use of a key, and opened the cart drawers to prepare another resident's medications;-After preparing the medications and placing in a medication cup, CMT D again pressed in slightly on the medication cart lock. The lock was protruding approximately one inch from the front of the cart with a visible red dot on the side of the lock;-CMT D walked away from the cart, down the hall, and into the resident's room, out of line of sight of the cart;-When CMT D returned to the cart, he/she pulled the lock with his/her fingers, without the use of a key and opened the cart drawers. 3. Obsevation and interview on 04/17/26, at 12:00 P.M., showed the following:-CMT D stood in the 100 hall near the medication cart;-CMT D opened the medication cart without using a key and then opened the narcotic box without using a key to complete a random narcotic count with the surveyor;-CMT D said once the locking mechanism was pushed in about one-half way the drawers could not be opened without pulling out the lock mechanism;-He/she said the residents do not have strong enough hand function to open the lock. During an interview on 04/17/26, at 12:15 P.M., Registered Nurse (RN) C said the following:-The medication carts and treatment carts should be locked when staff step away from the cart;-The narcotic box should be locked when not in use;-It is good practice to lock the carts every time. If the carts are not locked anyone could open and take any medication out of the cart;-He/she taught staff to pull the cart up to resident door, with the cart facing the resident door, for extra security. During an interview on 04/17/26, at 1:15 P.M., the MDS Coordinator said the following:-The medication carts should be locked when staff walk away from the cart;-The narcotic box should be locked when not in use. It requires double lock;-The medication cart should not be only half locked. During an interview on 04/17/26, at 1:20 P.M., Licensed Practical Nurse (LPN) I said the following:-The medication cart should be locked when not in line of sight;-The narcotic box should be locked when not in use. It required a double lock;-Staff should not leave the cart unlocked. During an interview on 04/17/26, at 1:30 P.M., the Assistant Director of Nursing (ADON) said the following:-Medication carts should be (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	locked when staff walk away from the cart and the narcotic boxes should be locked every time;-Staff should shut the narcotic box until it clicks closed and the cart should be locked all the way. During an interview on 04/17/26, at 2:10 P.M., the Director of Nursing (DON) said the following:-No medication carts should be left unlocked and unattended;-The narcotic box should be locked and the medication cart should be locked when staff walk away; -Staff should not partially lock the carts. During an interview on 04/17/26, at 5:10 P.M., the Administrator said the following:-Nurses and medication technicians should lock the medication carts when they are not in use and when the cart is not in their line of sight;-The narcotic box on the cart should be locked;-Staff should not half lock the medication carts.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview, and record review, the facility failed to ensure food served was palatable when staff served food that was tough and the food that was not an appetizing temperature. The facility census was 118. Review of the facility's policy titled Food Temperatures, dated May 2015, showed the following: -Keep the temperature of hot foods no less than 140 degrees Fahrenheit (F) during meal service; -Hot foods should be at least 120 degrees F when served to the residents; -Food is not held in warm ovens more than 30 minutes before meal service; -It is recommended that food not be held on the steam table for longer than two hours before meal service; -Food items such as soup and pureed foods are never portioned ahead of time due to losing temperature; -Food carts are delivered immediately to the special care unit. 1. During the Resident Council Meeting on 04/14/26, at approximately 11:00 A.M., Resident #83 said the meat was hard as a rock. There were a few items that were okay, but the food was not very good. Observation on 04/14/26, at 5:10 P.M., in the memory care unit, showed the following: -Staff placed meal trays on the table for residents in the dining room; -The meal provided included pork chop, onion rings, mixed vegetables, bread, and pears; -Staff assisted residents to cut meat using a fork and spoon; -The meat was very tough to cut with only the fork and spoon and staff struggled to cut meat into bite size pieces for the residents; -Staff were holding the fork and spoon at the base of the silverware with their hand touching food at times due to struggling to cut the meat. During an interview on 04/14/26, at 5:30 P.M., Certified Nurse Aide (CNA) AA said that the kitchen does not send any knives to the memory care unit, not even a knife for the staff to use when cutting up resident food. Tonight's meat was difficult to cut with only a fork and spoon. Observation on 04/14/26, at 5:30 P.M., showed Resident #45 requested assistance to cut up his/her pork chop. Licensed Practical Nurse (LPN) CC exhibited difficulty cutting the meat using a fork and knife. During an interview on 04/14/26, at 6:50 P.M., Resident #14 said the pork chop served for dinner could have been used as a hockey puck and the vegetables were so overcooked and mushy that (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	he/she could have sipped them through a straw. 2. During the Resident Council Meeting on 04/14/26, at approximately 11:00 A.M., residents in attendance said the following: -Resident #83 said the food was stone-cold. They did used to request the food to be reheated, but no longer does so, as staff act as if they are put out; -Resident #101 said he/she used to eat in his/her room but no longer does. It is partially because the food was cold when delivered to the rooms. He/She had never received a hot meal at the facility. There were a lot of bad meals. Observation on 04/15/26, at approximately 1:30 P.M., showed the following: -A lunch meal test tray from the hall service was tested; -The ham and beans had few ham or beans, was mostly broth; -The diced, fried-potatoes, temperature measured 118.2 degrees F and were undercooked; -The cabbage temperature measured 115.5 degrees F and was not seasoned. Observation on 04/16/26, at approximately 1:35 P.M., showed the following: -A lunch meal test tray from the hall service was tested; -Chili was bland; -Hot dog on bun, temperature measured as 115.8 degrees F; -Corn fritter, temperature measure as 119.9 degrees F. 3. During an interview on 04/15/26, at 10:45 A.M., Resident #2 said: -The food does not taste good; -The food does not have any flavor. During an interview on 03/13/26, at approximately 12:45 P.M., Resident #117's family member said the following: -He/She came every other day to visit the resident and had lunch with him/her each visit. -The food was not very good; it's plain, never seasoned and is almost always overcooked. -If the resident is served cold food, he/she will not ask anyone to reheat the food; -Staff have an attitude and it's obvious that it makes them feel inconvenienced when asked. (continued on next page)

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Springfield Villa	1100 East Montclair Springfield, MO 65807

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 04/17/26, at approximately 1:20 P.M., Dietary Aide (DA) E said the following: -He/she had heard the residents complain that the food was not hot enough or the meat was too tough; -The food gets out to the halls timely, but then they just sit there; -Many of the residents have spoken to him/her about the food; -Most are not very happy with it. He/she can tell by how many plates are still covered in food. During an interview on 04/17/26, at approximately 1:45 P.M., DA F said the following: -Food complaints were constant from the residents: too cold and too tough; -The food does come out of the kitchen late sometimes, but it is hot. The hall trays lose heat because they sit in the hall for an hour or longer. During an interview on 04/17/26, at approximately 2:00 P.M., [NAME] G said the following: -They will send out the hall trays but then they are not delivered to the room and sit in the hall for a long time; -Residents do complain about food being cold but they know why it is cold because they see the trays just sitting and they have complained about it. During an interview on 04/17/26, at approximately 2:20 P.M., the Dietary Manager said the trays get made up ahead of time and are still warm, but the hall aides don't pass the trays fast enough, so the food becomes cold. During an interview on 04/17/26, at approximately 2:35 P.M., the Director of Nursing said he/she had been watching the serve-out of meals this past week and has seen trays sitting longer than preferred. During an interview on 04/17/26, at approximately 5:35 P.M., the Administrator said the following: -It is expected that food is seasoned and has a pleasant taste; -It is expected that temperatures are met, to keep plates warm and to the resident's preference.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 implement a complete and effective infection program when staff failed to follow Enhanced Barrier Precautions (EBP - an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDRO - microorganisms, predominantly bacteria that are resistant to one or more classes of antimicrobial agents. Although the names of certain MDROs describe resistance to only one agent, these pathogens are frequently resistant to most available antimicrobial agents) that employs targeted gown and glove use during high contact resident care activities) practices when providing wound care to three residents (Residents #4, #72, and #2) and when providing foley catheter (tubing placed to drain the bladder to outside the body into a collection bag) care for one resident (Resident #89). A sample of 29 residents was reviewed for infection control during personal care. The facility census was 118. Review of Centers for Disease Control and Prevention' (CDC) Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of MDROs, dated 04/02/24, showed the following: -MDRO transmission is common in skilled nursing facilities, contributing to substantial resident morbidity and mortality and increased healthcare costs; -EBP are an infection control intervention designed to reduce transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities; -EBP may be indicated (when Contact Precautions do not otherwise apply) for residents with any of the following: wounds or indwelling medical devices, regardless of MDRO colonization status, and infection or colonization with an MDRO; -Examples of high-contact resident care activities requiring gown and glove use for EBP include dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use of central line (a long, flexible tube inserted into a large vein in the chest, neck, or arm, with the tip ending close to the heart), urinary catheter (a thin, flexible, indwelling urinary tube inserted through the urethra into the bladder to drain urine continuously), feeding tube (a medical device used to deliver liquid food, fluids, and medications directly to the stomach or small intestine), tracheostomy (a surgical procedure that creates an opening, called a stoma, through the neck directly into the windpipe (trachea) /ventilator (a medical machine that helps a patient breathe or fully breathes for them)and wound care of any skin opening requiring a dressing. Review of the facility's policy entitled Enhanced Barrier Precautions to Infection Control Guidance, updated 3/2024, showed the following: -Purpose to prevent broader transmission of MDRO and to help protect patients with chronic wounds and indwelling devices. EBP should be implemented for the period of their stay or until wounds have resolved or indwelling medical devices have been removed; -Residents known to be infected or colonized with a MDRO; residents with an indwelling medical device including the following: central venous catheter (tubing inserted into a blood vein for long-term (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	access, medication, nutrition or blood tests), urinary catheter, feeding tube (PEG tube, G-tube), tracheostomy/ventilator regardless of their MDRO status; and resident with a wound, regardless of their MDRO status require EBP: -Use EBP when providing high-contact resident care activities such as bathing/showering; transferring resident from one position to another; providing hygiene; changing bed linens; changing briefs or assisting with toileting; caring for or using an indwelling medical device; and performing wound care; -Conduct proper hand hygiene before starting care; -Gloves and donning/doffing of gown are required when conducting high-contact resident care activities that are listed above. Gloves and gowns should be removed and discarded after each resident care encounter; -Residents with a wound or indwelling medical device and excretions or secretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO should be placed on contact precautions unless or until a specific organism is identified; -Secretions or excretions include wound drainage, fecal incontinence or diarrhea, or other discharges from the body that cannot be contained and pose an increased potential for environmental contamination and risk of transmission of a pathogen; -EBP should be followed when performing transfers or assisting during bathing in a shared/common shower and when working with residents in the therapy gym (specifically, when anticipating close contact while assisting with transfers and mobility); -Residents that are placed on EBP should have PPE (personal protective equipment; such as gloves, gowns, masks) in close proximity outside the door and a trash can in residents' room for disposal prior to leaving the room; -Multi-resident medical equipment must be sanitized between resident uses. 1. Review of Resident #4's face sheet showed the following: -admission date of 05/09/25; -Diagnoses that included non-pressure chronic ulcer of right ankle, non-pressure chronic ulcer of part of right foot and Stage 3 pressure ulcer (full thickness tissue loss) of left thigh. Review of the resident's care plan, dated 05/09/25, showed the following: -Staff care plan resident's pressure ulcers; -Staff did not care plan related to EBP. Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 04/16/26, showed the following: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Cognition was intact; -Had one Stage 3 pressure ulcer; -Had diabetic foot ulcers. During an interview on 04/15/26, at 2:38 P.M., Licensed Practical Nurse (LPN) L, wound nurse, said the resident had a wound on the left lateral thigh, left ankle, right lateral (outside of) foot, and an area on the right heel which was not open and put skin prep applied. Observation on 04/15/26, at 2:38 P.M., showed the following: -No protective gowns located outside or inside the resident's room; -LPN L took a bed pad and placed it on the sink counter top and then placed the wound supplies on the bed pad and placed several loose gloves on the sink countertop by the bed pad with the wound supplies; -LPN L washed his/her hands at the sink and put on gloves. The LPN did not don a gown; -The LPN L provided wound care; -Certified Nursing Assistant (CNA) M entered the room, put on gloves without washing or sanitizing hands, and did not put on a protective gown; -The LPN and CNA provided incontinent care and applied barrier cream; -CNA M removed gloves and washed hands and left the room; -LPN L removed gloves and washed hands before leaving the room. 2. Review of Resident #72's face sheet showed the following: -admission date of 08/22/24; -Diagnoses included indwelling urethral catheter (tubing placed to drain the bladder to outside the body into a collection bag) and pressure ulcer of sacral region. Review of the resident's quarterly MDS, dated [DATE], showed the following: -Cognitively intact; -Indwelling urinary catheter; -Ostomy; -One pressure ulcer present on admission; stage 4 (full thickness skin loss with extensive tissue destruction, tissue death or damage to muscle, bone, or supporting structures). (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's care plan, updated 02/02/26, showed the following: -Colostomy due to sacral wound; -Foley catheter due to recurring sacral wound; -admitted with pressure ulcer, Stage 3 to sacrum. (Staff did not care plan regarding EBP.) Observation on 04/13/26, at 10:47 A.M., showed signage on the resident's door indicating the need for EBP. Observation on 04/15/26, at 10:42 A.M., showed the resident lying in bed on his/her back. LPN T and LPN L washed their hands and donned gloves. The LPNs did not don protective gowns. LPN T turned the resident onto his/her right side. LPN L provided wound care. LPN L removed his/her gloves and sanitized his/her hands. 3. Review of Resident #89's face sheet showed the following: - admission date of 02/17/26; -Diagnoses chronic kidney disease (CKD - kidneys are damaged and can't filter blood the way they should), urinary tract infection (UTI - An infection in any part of the urinary system, the kidneys, bladder), obstructive (structural or functional blockage inhibiting normal urine flow), and reflux uropathy (abnormal backward flow of urine from the bladder). Review of the resident's admission MDS, dated [DATE], showed the following: -Severe cognitive impairment; -Indwelling catheter; -Use of wheelchair; -Supervision or touching assistance for toileting hygiene, dressing, personal hygiene; -Partial to moderate assistance with showering. Review of the resident's care plan, updated 03/02/26, showed the following: -Resident was at risk for complications related to indwelling catheter; -Staff should change the catheter monthly and as needed; -Staff should drain urine, measure, record every shift and as needed using aseptic technique; -Staff should complete foley catheter care every shift and as needed. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(Staff did not care plan related to EBP.) Observation on 04/13/26, at 11:30 A.M., showed the resident in his/her room in a wheelchair with catheter bag in a dignity bag under the chair. The resident's door had no sign related to EBP, there was no gown or gloves near the door or inside the resident's room. Observation on 04/15/26, 1:00 P.M., showed the resident in his/her room in a wheelchair with a catheter bag inside a dignity bag under the chair. The resident's door had no sign related to EBP, and there were no gown or gloves located near the door or inside the resident's room. Observation on 04/16/26, at 4:00 P.M., showed the following: -Resident resting in bed with eyes open;-CNA H entered resident room and washed his/her hands at the sink and talked with resident about the procedure; -He/she applied gloves and obtained wet wipes and opened resident's brief; -Wiped the inner thighs with a wet wipe and disposed of the wipe, -Wiped private area and catheter tubing with wet wipes using appropriate technique; -Disposed of wet wipes, closed the resident's brief; -Pulled sheet up over resident and removed gloves; -Washed hands at sink; -Removed trash and left the resident room; -He/she did not wear a gown during catheter and incontinent care. 4. Review of Resident #2's face sheet (brief resident profile sheet) showed admission date of 05/09/23. Review of the resident's physician's order sheet (POS), dated 03/18/26, showed a order for wound care. Review of the resident's care plan, reviewed/revised on 04/02/26, showed the following: -Resident had two, stage two pressure ulcers to left inner buttock and right inner buttock; -Provide treatments as ordered; -Apply moisture barrier as appropriate; -Clean and dry resident's skin after each incontinent episode; -Perform perineal care when incontinent; (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Encourage adequate hydration to promote skin integrity. (Staff did not care plan related to EBP.) Observation on 04/16/26 at 12:50 P.M., showed the following: -The resident was in shower room. CNA U had gloves on and was not wearing gown. The wound care nurse washed her hands, put on gloves, and did not put on a gown; -The wound are nurse and CNA provided incontinent care and wound care; -CNA U and wound care nurse washed their hands at the sink. 5. During an interview on 04/16/26, at 4:15 P.M., CNA H said sometimes staff should wear a gown if the resident had wounds, but it was not needed during catheter care. He/she did not know any details about EBP. During an interview on 04/16/26, at 4:25 P.M., LPN I said there currently were no residents on the memory care unit that required EBP. He/she said that a gown and gloves were required during personal cares for residents with open wounds, catheters, feeding tubes, or any type of infection. Gowns were typically used when working with a resident who was on isolation precautions. During an interview on 04/17/26, at 12:05 P.M., Registered Nurse (RN) C said that gowns and gloves should be worn when providing cares for residents that had a catheter, chronic wounds, or tube feeding. There should be a cart at the door with gowns and gloves for staff use. There would be a small sign on the door frame that stated EBP. During interview on 4/17/26 at 1:45 P.M, LPN K said the following: -EBP was protection for staff for residents who had catheters, wounds, feeding tubes since they were higher risk for infection, and certain illnesses; -If resident had a catheter, staff were to wear gloves and he/she would sometimes encourage staff to wear protective gown; -If resident had wounds, they were to always wear gloves, and wear gowns if needed. During interview on 4/17/26 at 3:35 P.M., LPN L said the following: -He/she would wear PPE (Personal Protective Equipment) such as gowns when a resident had any chronic wounds, a urinary catheter, ostomy; -A chronic wound was a wound that hadn't healed within three to six months ,or comes and goes, and had not improved; -If a resident had an open wound, he/she would wear a protective gown. During interview on 04/17/26 at 3:58 P.M., the Director of Nursing (DON) said the following: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Staff were to wear gown and gloves with EBP; -EBP was for any intravenous lines, tubes, devices, chronic wounds, and antibiotic resistant infections. -Residents #4, #72, and #2 had chronic wounds and staff were to wear a gown when doing cares and treatments with the residents; -Gown and gloves should be worn when providing direct cares to residents with MDRO infection, any type of inserted lines, tubing, devices, chronic wounds, and catheters. Supplies should be near the resident room for staff to put on a gown with cares. During interview on 04/17/26, at 5:25 P.M., the Administrator said the following: -Staff were to wear a gown and gloves when they entered a resident's room who was on EPB; -They were to do hand hygiene and put on gloves before cares and during cares, remove gloves, and do hand hygiene before leaving the room.

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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. Based on observation, interview, and record review, the facility failed to ensure the kitchen was clean and sanitary in non-food contact areas when the ceilings, shelving, walls, and floors were not kept clean and in good repair. The facility census was 118.1. Review of the facility's policy, Guidelines for Ceiling Vents, Doors, Walls, and Ceiling, dated May 2015, showed the following:-Walls, doors, vents, and ceiling must be free from chipped and or peeling paint and must be kept in good repair;-Walls, doors, vents, and ceiling must be washed thoroughly at least twice a year. Heavily soiled surfaces must be cleaned more frequently;-The type of surface will determine the type of detergent and cleaning method, following manufacturer's directions.Review of the facility policy titled Guidelines for Cleaning cabinets, Drawers and Shelves, dated May 2015, showed the following:-Rinse shelves and drawers with a clean sponge or cloth, using detergent solution and hot water; -Use appropriate strength of solution for sanitizing;-Clean on a weekly basis, or more often if needed.Observation of the kitchen on 04/13/26, beginning at approximately 9:00 A.M., showed the following:-The vents coming out of the ceiling, above the dishwasher, had no covering;-The wall directly behind the stove, grill, deep fryer, and miscellaneous equipment, was discolored and covered with cobweb/lint buildup, as well as food splatters and stains;-The wall directly behind the dishwashing machine's drain area, was discolored and covered with cobweb/ lint buildup, and had food splatters and stains;-The wall directly behind the three-bin sink, was discolored and covered with cobweb/ lint buildup, as well as food splatters and stains;-The air conditioning unit, hanging from the ceiling in the dishwashing room, was discolored and with cobweb/ lint buildup; -The ceiling tiles directly above the metal shelving, holding serving supplies, were discolored and broken;-Exit signs above the back door, were covered in cobweb/lint buildup.Observation on 04/13/26, beginning at approximately 9:00 A.M., showed the following:-The metal shelving unit, next to the kitchen entrance, was covered with cobweb/lint buildup; -The cabinet over the hand washing sink was covered with cobweb/lint buildup.During an interview on 04/17/26, at approximately 11:45 A.M., Dietary Aide (DA) J said the following:-He/she tried to clean up the area during and after he/she worked;-There were not enough hours or enough people helping;-There were supposed to be two staff doing dishes. Right now it is just him/her and then only one staff worked the days he/she was off;-He/she did not know who was responsible for cleaning the higher areas.During an interview on 04/17/26, at approximately 1:20 P.M., DA E said the following:-He/she tried to keep the food surface areas, such as countertops clean and wiped down;-There is a list for chores, but no one used it. He/she kept his/her own working area clean.During an interview on 04/17/26, at approximately 1:20 P.M., [NAME] G said the following:-He/she thought whoever was doing the dishes, would be the one to clean the dishwashing area;-There used to be a cleaning schedule, but he/she did not know where it was now;-Everyone cleaned up their own area, where they had been working;-The deep-cleaning is not getting done because there are not enough staff and no one knows what their job is;-If someone is asked to do something, they will say, That's not my job, because no one has been told their job.During an interview on 04/17/26, at approximately 2:20 P.M., the Dietary Manager said the following:-Everyone was expected to clean up any messes as they are noticed;-Cleaning as it is seen or needed was the expectation;-The dishwashers are very busy, and they do a lot to keep that area going.During an interview on 04/17/26, at approximately 3:20 P.M., the Maintenance Director said the following:-He/she was sure there was a cleaning schedule that the kitchen staff followed, but was unsure of how they do any specific tasks;-If items are up high and require a ladder, he/she would be the one to clean that area;-Ceiling vents and dirty ceiling tiles would be cleaned by maintenance;-He/she had not been in the kitchen for awhile;-He/she had not seen the kitchen's upper areas in a while nor been notified by any of the kitchen staff that any of these areas need attention.During an interview on 04/17/26, at approximately 5:35 P.M., the Administrator said the (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	following:-If an area is up high or required a ladder, he/she would expect maintenance to handle the cleaning;-The areas up high, such as vents, air conditioning units, tall shelving or the ceiling itself, should be cleaned on a regular schedule. 2. Review showed the facility did not provide a policy regarding floor maintenance. Observation on 04/13/26, beginning at approximately 9:00 A.M., showed the following:-An unused electrical outlet and large metal casing for the cord, were coming out of the floor and had a coating on it including cobweb /lint buildup, and food splatters.-The floor in the dishwashing room was dirty with a build-up of grime and missing tiles under the dishwasher;-The floor under the stove was dirty with a build-up of grease and grime;-The floor between the stove and grill, and around the grill, was dirty with a build-up of grease and grime;-The floor between the grill and deep fryer, and around the deep fryer, was dirty with a build-up of grease and grime.During an interview on 04/17/26, at approximately 2:00 P.M., [NAME] G said the following:-The outlet coming out of the floor used to work for something that was there, but it has been like that for a long time;-He/she tried to keep the floor clean, especially where the food prep area is at and the stove and fryer.During an interview on 04/17/26, at approximately 2:20 P.M., the Dietary Manager said the following:-There is a cleaning schedule that has the floors listed, as a task, but it has not been used in a while;-The floors should be swept and mopped every day, following every meal.During an interview on 04/17/26, at approximately 5:35 P.M., the Administrator said the following:-If an area in the kitchen was dirty, he/she expected it to be cleaned daily, if needed;-This would include the floor being swept and mopped, following each meal and as needed.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, interview, and record review, the facility failed to provide timely and complete urinary incontinence care for residents dependent on staff when staff did not check one resident (Resident #96) for incontinence for more than eight and one-half hours and did not provide complete and thorough perineal care for one resident (Residents #96). A sample of 29 residents was reviewed for personal hygiene and toileting needs. The facility census was 118. Review of the facility's policy titled Toileting Plans for Urinary Incontinence, undated, showed the following: -Purpose to provide guidance for the initiation and monitoring of and/or a toileting plan for the resident with urinary incontinence; -An incontinent management program involves checking the resident's continence status at regular intervals and providing incontinent care and garments as indicated by individual need. The primary goals are to maintain dignity and comfort and to protect the skin. 1. Review of Resident #96's face sheet (brief resident profile sheet) showed the following information: -admission date of 03/06/25; -Diagnoses included severe vascular (blood vessel system) dementia without behavioral disturbance, other abnormalities of gait (manner of walking or moving on foot) and mobility, generalized muscle weakness, type two diabetes, developmental disorder of scholastic skills (academic abilities); and candidiasis (a common fungal infection caused by an overgrowth of candida yeast). Review of the resident's functional abilities assessment, dated 02/23/26, showed the following: -Dependent on toileting hygiene; -Dependent on personal hygiene. Review of the resident's admission Minimum Data Set (MDS - a federally mandated comprehensive assessment completed by facility staff), dated 03/18/26, showed the following: -Severe cognitive impairment; -Dependent for toileting hygiene, bathing, dressing, oral care, and personal hygiene; -Required substantial/maximal assistance to get on and off a toilet and to transfer in and out of a shower; -Frequently incontinent of bowel and bladder. Review of the resident's care plan, reviewed/revised on 03/19/26, showed the following: -At risk for complications related to incontinence of bowel and/or bladder; (continued on next page)

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	265814	A. Building B. Wing	04/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Springfield Villa	1100 East Montclair Springfield, MO 65807

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-At increased risk for moisture-associated skin damage caused by prolonged exposure to moisture from urine and feces; -Perform perineal care for incontinent episode; -Check on frequently to ensure needs are met; -Assist to restroom as appropriate; -Monitor frequently when in wheelchair; -Staff must anticipate resident's needs at times; -Assist resident to maintain good personal hygiene and clean clothes. Observation on 04/14/26 showed the following: -At 10:44 A.M., the resident sat in the wheelchair across from the nurses' station with his/her head down, chin on chest, and eyes closed; -At 11:03 A.M., Certified Nursing Assistant (CNA) A wheeled the resident down the hall towards the dining room. He/she did not take the resident to his/her room or the bathroom; -At 12:45 P.M. to 1:01 P.M., Nurse Aide (NA) W and CNA A delivered drinks to resident rooms on Hope unit; -At 1:17 P.M., CNA Y wheeled the resident down from the dining room to an area across from the nurses' station. He/she did not take the resident to his/her room or to the bathroom; -At 1:28 P.M., the resident continued to sit in his/her wheelchair, across from the nurses' station. CNA A walked passed the resident to the break room and did not check on resident; -At 1:30 P.M., dietary staff delivered food warmer box to the Hope unit. The resident continued to sit in same place; -At 1:33 P.M. to 1:50 P.M., four aides passed out lunch trays to Hope unit resident rooms while the resident sat in his/her wheelchair at the nurses' station; -At 2:00 P.M., the resident continued to sit in the wheelchair, beside another resident at the nurses' station; -At 2:05 P.M. to 2:19 P.M., CNA A and NA W provided care to another resident on Hope unit. The resident sat in same place near nurses' station; -At 2:24 P.M., the resident sat in wheelchair, head down, eyes closed, in same place near nurses' station; -At 3:38 P.M., the resident continued to sit in wheelchair, in same place near nurses' station; (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-At 4:47 P.M., the resident sat in the dining room and waited for supper. -At 5:57 P.M., the resident ate supper and continued to sit in the dining room; -At 6:02 P.M., the resident continued to sit in same place in dining room; -At 6:08 P.M., resident wheeled back from the dining room and placed near the nurses' station. Staff did not take the resident to the bathroom or his/her room; -At 6:13 P.M., a certified medication technician (CMT) administered medications with a spoon to the resident; -At 6:32 P.M., the resident sat in the wheelchair beside another resident in same place near nurses' station, eyes closed; -At 6:50 P.M., the resident continued to sit in the wheelchair, same place near nurses' station, two other residents sat at his/her side; -At 7:06 P.M., the resident continued to sit in the wheelchair near the nurses' station, one resident at his/her side; -At 7:15 P.M., day shift aides gave shift report to oncoming nightshift NA Z; -At 7:30 P.M., CNA B wheeled the resident to his/her room, positioned resident beside the bed, and left room to help another resident; -At 7:44 P.M., CNA B wheeled the resident out of his/her room, to the hallway bathroom. CNA B said there was more room to move around in that bathroom. CNA B did not wash hands or use hand sanitizer. CAN B put on gloves, and placed gait belt on the resident; -At 7:48 P.M. to 8:01 P.M, NA Z knocked on bathroom door, did not wash hands or use hand sanitizer, put on gloves, used a gait belt, held onto hand rail beside toilet, and assisted resident to stand and pivot to toilet. NA Z pulled down his/her pants and brief, and resident sat on toilet; -The resident's shirt back, pants, brief, and pad on the seat of the wheelchair were soaked with urine. NA Z placed dirty clothes in trash bag for laundry. While CNA B wet and applied soap to washcloths. NA Z cleaned the resident's wheelchair and CNA washed the resident's face and hands while he/she sat on the toilet; -NA Z washed his/her hands at sink and put on clean gloves. CNA B did not wash hands or change gloves. The resident had a medium, soft-formed bowel movement when prompted. He/she used the grab bar at their side, stood up while NA Z used gait belt and CNA B wiped resident's bottom from front to back; -The resident's skin on his/her bottom was a dark red and purple color, non-blanchable (does not turn white when pressed), and intact. CNA B said to the resident, your bottom is red and applied barrier cream to the area. Aides assisted the resident back on the toilet, then placed a clean brief at the knees, put clean pants and a clean shirt. The resident's front genital area and legs were not washed; (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Both aides placed their gloves in the trash and washed their hands at the sink. CNA B wheeled the resident to his/her room and assisted the resident to bed. Observation on 04/15/26 showed the following: -At 10:09 A.M., the resident sat in the wheelchair near the nurses' station, neck bent, chin at chest, eyes closed, blanket covering legs; -At 10:27 A.M., the resident sat in the wheelchair, placed near the nurses' station; -At 11:24 A.M., the resident continued to sit in the wheelchair near the nurses' station; -At 12:28 P.M., the resident sat in the wheelchair at the dining room table eating lunch. Observation on 04/17/26 showed the following: -At 10:40 A.M., the resident sat in the wheelchair, with head down, eyes closed, near the nurse's station; -At 11:05 A.M., the resident sat in the wheelchair and ate a candy bar near the nurses' station; -At 11:34 A.M., the resident continued to sit in the wheelchair near the nurses' station; -At 11:40 A.M., CNA A wheeled the resident down the hall toward the dining room. The aide did not take the resident to his/her room or bathroom. During an interview on 04/17/26, at 12:03 P.M., CNA A said the following: -Staff should change residents' briefs often, apply barrier cream, keep skin clean and dry, and reposition at least every two hours; -Proper perineal care would be to wipe from front to back, wipe the clean area to dirty area, use clean wipes, and wash all dirty areas including the skin folds; -The resident was incontinent and a two person assist; -CNA A has never gotten the resident out of bed or his/her wheelchair to the toilet or to change his/her brief; -No other aides asked the CNA for help on any cares for the resident. During an interview on 04/17/26, at 12:19 P.M., CNA B said the following: -Staff should check for resident needs often, reposition every two hours, check residents briefs every two hours and before and after meals, and apply barrier cream to prevent skin breakdown; -Proper incontinence care for a resident would include washing all dirty areas from front to back with soap and water and change clothes; (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-CNA B had not changed the resident's brief today. During an interview on 04/17/26, at 2:38 P.M., Registered Nurse (RN) C said the following: -Proper incontinence care for a resident would include at least two-hour checks, wipe entire area front to back with clean wipes, and wash in the creases; -RN C would expect the resident's brief to be checked every two hours and before meals; -Staff usually take the resident to the bathroom near the nurses' station. During an interview on 04/17/26, at 3:52 P.M., the Director of Nursing (DON) said the following: -The DON would expect staff to be proactive to provide resident needs and check frequently for pain, toileting assistance and repositioning; -The DON would expect staff to provide proper perineal care to all residents at least every two hours; -The DON would expect staff to clean all dirty areas of the body, to wipe from the clean to dirty areas, and to perform proper hygiene; -DON would expect the resident to be changed and repositioned as needed and every two hours. During an interview on 04/17/26, at 5:10 P.M., the Administrator said the following: -He would expect staff to follow proper incontinent care and follow policy and professional standards; -He would expect staff to check residents for toileting assistance, repositioning or changing every two hours.

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F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident?s advance directives. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a system was in place that clearly and consistently represented each resident's choice of code status (if they wished to receive cardiopulmonary resuscitation (CPR - lifesaving technique that's useful in many emergencies in which someone's breathing or heartbeat has stopped)) when staff failed to ensure two residents' (Residents #18 and #100) code status was consistent throughout the medical record. The facility census was 118.Review of the facility policy Advance Directive, dated [DATE], showed the following:-The facility will respect advance directives in accordance with state law; -Upon admission of a resident to the facility, the social services designee will provide written information to the resident concerning his/her right to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment, and the right to formulate an advance directive; -Upon admission of a resident, the social services designee will inquire of the resident, and/or his/her family members, about the existence of any written advance directives; -Information about whether or not the resident was executed an advance directive shall be displayed prominently in the medical record under the advance directive tab. 1. Review of Resident #18's face sheet (gives basic profile information) showed the following:-admission date of [DATE]; -Diagnoses included metabolic encephalopathy (problem in the brain caused by a chemical imbalance in the blood), dementia (decline in mental ability—such as memory, language, problem-solving, and thinking, severe enough to interfere with daily life) with anxiety, history of transient ischemic attack (TIA – often called a mini-stroke, is a temporary blockage of blood flow to the brain) and cerebral infraction (stroke, a condition where blood flow to the brain is interrupted, causing brain tissue to die) without residual deficits; -Do Not Resuscitate (DNR - legally binding medical document, signed by a doctor, instructing healthcare providers not to perform CPR if a patient's heart stops beating or they stop breathing). Review of the resident's Health Care Declaration / Living Will (written statement detailing a person's desires regarding their medical treatment in circumstances in which they are no longer able to express informed consent), dated [DATE], showed the following: -If not able to make and communicate health care decisions, then resident's physicians are to follow the resident's written choices of life-sustaining treatment; -The resident directed and authorized his/her health care provider to withhold or withdraw all life sustaining treatment and procedures as permitted by law. Review of the resident's Physician's Order Sheet (POS), current as of [DATE], showed an order, dated [DATE], for code status of full code (wished to receive CPR). (continued on next page)

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F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the resident's baseline care plan, dated [DATE], showed DNR. Review of the resident's Outside the Hospital Do-Not-Resuscitate (OHDNR) Order, dated [DATE], showed the form signed by resident's representative. Observation on [DATE], at 1:00 P.M., showed the resident's name on a red tag (indicating DNR) by their door. 2. Review of Resident #100's face sheet showed the following: -admission date of [DATE]; -Diagnoses included cancerous brain tumor, stroke affecting right dominant side (weakness, paralysis), muscle wasting and weakness, repeated falls, difficulty swallowing, speech disturbances, pain, depression, high blood pressure, and low thyroid function; -Code status of DNR. Review of the resident's POS, current as of [DATE], showed an order, dated [DATE], for code status of full code. Review of the resident's OHDNR showed the form was signed by the resident's representative on [DATE] and by the physician on [DATE]. Review of the resident's care plan, last updated [DATE], showed staff did not care plan related to code status. Observation on [DATE], at 6:30 P.M., showed the resident's name plate was on red paper (indicating DNR). 3. During an interview on [DATE], at 12:05 P.M., Certified Nursing Assistant (CNA) B said the following: -A resident's code status can be quickly identified by looking at their name plate on their door: green means full code and red means DNR; -The nurse verifies the resident's code status in the electronic medical record; -Resident code status should match throughout the chart and on the name plate on their door. During an interview on [DATE], at 4:00 P.M., CNA H said the following: -Resident code status was located in the electronic medical record on the face sheet and on the name tag on the doors: red for DNR and green for full code status; -A resident's code status should be the same in the chart and on the name tags. During an interview on [DATE], at 4:20 P.M., Licensed Practical Nurse (LPN) I said the following: (continued on next page)

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F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Resident code status preference is documented in the resident's electronic medical record (EMR), on the face sheet, and the physician orders; -The original signed DNR document is uploaded to the documents tab; -Resident code status should match throughout the chart. During an interview on [DATE], at 11:50 A.M., Certified Medication Technician (CMT) D said the following: -A resident's code status can be viewed in their electronic medical record. It shows up on the banner in the medication administration page; -He/she would speak to a nurse if there were questions regarding a resident's code status. During an interview on [DATE], at 12:05 P.M., Registered Nurse (RN) C said the following: -Staff can locate a resident's code status on the banner of any page in the resident's medical record; -The name tags on resident doors are red for DNR and green for full code; -Nurses can check physician orders for code status; -All code status information should match. If staff have questions regarding code status, they can look in the resident documents tab of the chart for the signed DNR paperwork; -The Admissions Coordinator audits resident charts for accuracy. During an interview on [DATE], at 1:10 P.M., the Admissions Coordinator said the following: -He/She completed admission paperwork. If he/she was not available any charge nurse could start the admission process; -The Minimum Data Set (MDS – a federally required assessment completed by facility staff) Coordinator completed the code status; -He/She audited all open events related to admission. Code status should match in the chart. During an interview on [DATE], at 1:15 P.M., the MDS Coordinator said that Social Services reviewed and entered code status information. He/she did not audit any charts or enter code status in the medical records. During an interview on [DATE], at 1:25 P.M., the Social Services Assistant said the following: -Code status information is in the admission packet; -Social services ensures the DNR form is complete and signed by a physician; -Social services updates the code status banner in the medical record; (continued on next page)

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F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The code status should be entered in the care plan; -The charge nurses enter the physician order for the code status; -All the areas should match. During an interview on [DATE], at 1:30 P.M., the Assistant Director of Nursing (ADON) said the following: -Admissions ensures the admission check list is complete and accurate; -Admissions checks the orders to ensure they match the hospital paperwork; -The code status should be consistent throughout the resident's record. During an interview on [DATE], at 2:10 P.M., the Director of Nursing (DON) said the following: -Resident code status should match throughout the chart; -Social Services audits the code status after the physician signs the DNR form; -Any nurse can change the code status in the chart; -When a resident admits, they are considered full code until a physician completes the order; -A verbal order for a DNR is acceptable until the physician signs the paperwork the next time they are in the facility. During an interview on [DATE], at 5:10 P.M., Administrator said nursing staff should ensure code status is consistent in the chart and everything should match. Social Services monitors the name tags on the doors for accuracy of code status.

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F 0577 Level of Harm - Potential for minimal harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation, record review, and interview, the facility failed to ensure access to survey results to family, visitors, and residents when the prior survey results were not kept in a readily accessible, public location at all times of the day. The facility census was 118.Review showed the facility did not provide a policy regarding survey results accessibility. 1. Observations on 04/13/26, at 8:15 A.M., 04/14/26, at 10:40 A.M., and 04/16/26, at 8:30 A.M., showed the following:-A sign at the front entry desk of the building, approximately five feet high, stating the survey binder was available at the front desk;-No survey binder located or visible at the front desk. During an interview on 04/17/26, at 12:10 P.M., Registered Nurse (RN) C said the survey book was located at the front desk and should be available for anyone to view at any time. During an interview on 04/17/26, at 12:30 P.M., the receptionist said the survey result book was kept in the cupboard behind the receptionist's desk. After 4:00 P.M., the book was locked in the reception area. A visitor requested to see the book a couple of months ago. During an interview on 04/17/26, at 12:45 P.M., Certified Medication Technician (CMT) D said he/she did not know where the survey book was located. During an interview on 04/17/26, at 1:00 P.M., Resident #6 said he/she did not know where a book containing past survey information was located or when it was available. During an interview on 04/17/26, at 1:15 P.M., the Minimum Data Set (MDS - a federally mandated assessment completed by facility staff) Coordinator said that the survey book was at the front desk in the past. He/she did not know if it was still located there. During an interview on 04/17/26, at 2:15 P.M., the Director of Nursing (DON) said the survey book was located at the front desk. The receptionist was responsible for ensuring it was available when a visitor or resident wants to review the book. During an interview on 04/17/26, at 5:10 P.M., the Administrator said the survey result book was located at the front desk. There was a sign noting that it was available. When the receptionist left for the day, the book was locked behind the receptionist's desk. The book was not left out at all times as they do not want it to be stolen.