STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265827	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belleview Care Center	1616 Weisenborn Road Saint Joseph, MO 64507

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46706 Based on interview and record review, the facility failed to protect three residents right to be free from abuse when Resident #1 punched Resident #4 with a closed fist in the right shoulder and Resident #1 hit Resident #2 and Resident #3 with an open hand across the cheek. The facility's census was 82. On 03/27/25, the Administrator was notified of the past noncompliance which began on 03/25/25. Upon discovery, the facility administration immediately conducted an investigation and corrective actions were implemented. The noncompliance was corrected on 03/18/25. Review of the employee In-service sign in sheet showed staff received education on monitoring of individuals on the secure care unit, completed on 03/18/25. Review of the facility's policy titled, Abuse, Neglect, and Exploitation, dated 8/22/22, showed: -It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property; -Alleged violation is a situation or occurrence that is observed or reported by staff, resident, relative, visitor or others but has not yet been investigated and if verified could be indication of noncompliance with the Federal requirements related to mistreatment, exploitation, neglect, or abuse; -Abuse means the willful infliction of injury and/or intimidation resulting in physical harm, pain or mental anguish; -Willful means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.-Mistreatment means inappropriate treatment of a resident; -Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology. (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
	265827	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belleview Care Center	1616 Weisenborn Road Saint Joseph, MO 64507

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility's policy titled, Resident Rights, dated 09/01/22, showed the resident has the right to . live a dignified existence; exercise his/her rights as a resident of the facility; be treated with respect and dignity; and make choices about aspects of his/her life in the facility. Review of Resident #1's Annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 12/19/24 showed: - Cognition not intact; - Physical behaviors directed towards others; - Verbal behaviors directed towards others; - Behaviors that put others at risk; - Current behaviors are worse; - Diagnoses included, Alzheimer's disease, depression, diabetes mellitus. Review of Resident # 1's care plan dated 12/19/24 showed: - Activities of Daily Living (ADLs) self care performance deficit related to aggressive behavior; - Potential to be physically and verbally aggressive to staff related to poor impulse control. 1. Review of Resident #4's quarterly MDS, dated [DATE] showed: -Moderate cognitive impairment; -Partial assistance of staff for ADLs; -Incontinent of bowel and bladder; -Diagnoses included, dementia, depression, anxiety, high blood pressure and respiratory failure. Review the Resident's care plan dated, 02/09/25 showed: -ADL self care performance deficit related activity intolerance; -Potential to be physically and verbally aggressive related to poor impulse control. Review of the facility investigation dated 03/12/25 at 05:40 P.M. showed: -Resident #1 and Resident #4 were in the dining room; -Resident #4 setting at a table taking a breathing treatment; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265827	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belleview Care Center	1616 Weisenborn Road Saint Joseph, MO 64507

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Resident #1 stepped on the cord of Resident #4's breathing treatment machine and the machine fell on to the floor; -Resident #4 yelled at Resident #1; -Resident #1 turned around and struck Resident #4's right shoulder. During an interview on 03/27/25 at 10:10 A.M., the Activity Director said: -She has received education from the facility about caring for residents with dementia, de-escalating aggressive residents, how to identify abuse, how to prevent abuse and how to report abuse; -She saw Resident #1 step on the nebulizer tubing of resident #4; -Resident #4 called Resident #1 a dumb ass; -Resident #1 turned, made a fist and hit resident #4 on the shoulder; During an interview on 03/27/25 at 10:18 A.M., Activities Aide A said: -Resident #1 punched resident #4 in the arm on 03/13/25 with a closed fist. -He/She wrote in his/her statement of the incident that resident #1 punched resident #4. -She recently received education from the facility about caring for residents with dementia, de-escalating aggressive residents, how to identify abuse, how to prevent abuse and how to report abuse; 2 .Review of Resident' #3's care plan dated, 01/14/25 showed: -ADL self care performance deficit related to dementia; -Dependent on staff for meeting emotional, intellectual and physical needs; -Verbally aggressive. Review of the Resident's Significant change MDS, dated [DATE] showed: -Severe cognitive impairment; -Dependent on staff for ADL's; -Incontinent of bowel and bladder; -Diagnoses included, Alzheimer's disease, depression and high blood pressure. Review of the facility's investigation, dated 03/13/25 at 06:40 P.M., showed: -Certified Nurses Aide (CNA) A stated resident #1 was trying to push Resident #3 in a wheel chair; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265827	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belleview Care Center	1616 Weisenborn Road Saint Joseph, MO 64507

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Before staff could intervene Resident #1 made contact with resident #3 with an open hand to the cheek. Review of the facility's Abuse Investigation Staff Questionnaire, dated 03/13/25, completed by CNA A showed: -Resident #1 and Resident #3 in the dining room; -Resident #3 setting in a wheel chair; -Resident #1 was touching Resident #3's wheel chair before staff could redirect Resident #1; -Resident #3 said something that was not understandable and then Resident #1 struck Resident #3 across the cheek; During an interview on 3/27/25 at 11:15 A.M., CNA A said: -Resident #1 was on 1:1; -He/She was watching resident #1, -Resident #1 hit resident #3 before he/she could stop it. -He/She recently received education from the facility about caring for residents with dementia, de-escalating aggressive residents, how to identify abuse, how to prevent abuse and how to report abuse. During an interview on 03/27/25 at 12:12 P.M., the Director of Nursing (DON) said: -Resident #1 was on 1:1 monitoring; -Staff did not immediately intervene to prevent Resident #1 from smacking Resident #3 across the cheek. -Resident #1 is non verbal and communicates through physical touch; -She was not sure if a reasonable person would communicate with a gentle smack across the cheek. 3. Review Resident #2's care plan dated 02/27/25, showed: -Behavior issues related to dementia; -ADL self care performance deficit related to activity intolerance; -Mood and behavior changes. Review of the Resident's Significant change MDS, dated [DATE] showed: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265827	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belleview Care Center	1616 Weisenborn Road Saint Joseph, MO 64507

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Severe cognitive impairment; -Dependent on staff for ADLs; -Incontinent of bowel and bladder; -Diagnoses included, Dementia, arthritis and high blood pressure. Review of the facility's investigation dated 03/18/25 showed: -CNA B stated on 3/17/25 at 6:40 P.M., Resident #1 was attempting to push Resident #2 in his/her wheel chair; -As staff redirected Resident #1 he/she smacked Resident #2 across the cheek with an open hand; -Resident #1 was sent to the emergency room for evaluation. During an interview on 03/27/25 at 12:45 P.M., CNA B said: -Resident #1 hit resident #2 on the cheek with an open hand; -Resident #1 has a history of behaviors. -He/She recently received education from the facility about caring for residents with dementia, de-escalating aggressive residents, how to identify abuse, how to prevent abuse and how to report abuse. During an interview on 03/27/25 at 01:33 P.M., the DON said: -Resident #1 was on 1:1 monitoring; -Resident #1 still has the right to move about the unit even on 1:1; -Staff did not immediately intervene to prevent Resident #1 and from hitting Resident #2. -Resident #1 is non verbal and communicates through physical touch; -She was not sure if a reasonable person would communicate with a gentle smack across the cheek; -She received orders from the physician to send Resident #1 to the emergency room for a psychiatric evaluation after the last incident on 03/17/25; -Resident #1 was transferred to a psychiatric hospital from the emergency room and admitted for an inpatient psychiatric stay; -The hospital reported Resident #1's behavior was becoming more aggressive; -Resident #1 was discharged from this facility and never returned; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265827	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belleview Care Center	1616 Weisenborn Road Saint Joseph, MO 64507

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-She immediately began educating all staff on caring for residents with dementia, de-escalating aggressive residents, how to identify abuse, how to prevent abuse and how to report abuse; -This education was completed with all staff on 03/18/25; -Abuse is a willful and deliberate; -Any resident to resident altercation should be reviewed as a potential situation of abuse; -Resident #1's action was deliberate even though it is not known if he/she meant to hurt other residents; -He/She expected all residents to be free from abuse. During an interview on 3/27/25 at 01:42 P.M., the Administrator said: -The physician was notified of all incidents between Residents #1, #4, #2 and #3; -The DON received orders from the physician to send Resident #1 to the emergency room for a psychiatric evaluation after the last incident on 03/17/25; -Resident #1 was transferred to a psychiatric hospital and admitted for an inpatient psychiatric stay; -The hospital reported Resident #1's behavior was becoming more aggressive; -Resident #1's responsible party was notified and said Resident #1 needed a higher level of care; -The facility sent a referral to another facility while Resident #1 was at the hospital; -Resident #1 was accepted to another facilty; -The resident never returned to the after he/she was sent out after the last behavior; -The DON immediately began educating all staff on caring for residents with dementia, de-escalating aggressive residents, how to identify abuse, how to prevent abuse and how to report abuse; -The education was completed by all staff on 03/18/25; -Abuse is a willful and deliberate; -Any resident to resident altercation should be reviewed as a potential situation of abuse; -Resident #1's action was deliberate even though it is not known if he/she meant to hurt another resident; -He/She expected residents to be free from abuse. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265827	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belleview Care Center	1616 Weisenborn Road Saint Joseph, MO 64507

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	MO 251029 MO 251036 MO 251230