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	02/12/2025

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46987 Based on observation, interviews, and record review the facility failed to ensure staff maintained residents rights, when providing ADL (activities of daily living) cares for cognitively impaired residents in a dignified manner when the facility staff failed to ensure facial hair was removed from three of the 18 sampled residents (Resident #11, Resident #64, and Resident #21) and additionally failed to honor the bathing preferences of one cognitively intact Resident, (Resident#16). The facility census was 82. Review of the facility's Resident Rights Policy, dated 09/01/22, showed: -The resident has a right to a safe, clean, and homelike environment, including but not limited to receiving treatment and supports for daily living. Review of the facility's Grooming Residents Facial Hair Policy, dated 09/01/21, showed: -It is the practice of this facility to assist residents with grooming facial hair to help maintain proper hygiene as per current standards of practice. - All resident's dignity will be maintained and needs honored to promote individualized care. 1. Review of Resident 11's quarterly minimum data set (MDS), a federally mandated assessment instrument completed by facility staff, dated 09/19/24, showed: - admitted on [DATE] to memory care unit. - Mild cognitive impairment. - Requires assistance with all Activities of Daily Living (ADL's) and supervision with transfers. - Occasionally incontinent of bladder - Diagnosis of: Dementia, breast cancer, high blood pressure, and stroke. Review of Resident #11's care plan dated 01/30/20 showed: (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: 265827	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Belleview Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1616 Weisenborn Road Saint Joseph, MO 64507	

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Resident has an activities of daily living (ADL) self-care performance deficit related to dementia and requires supervision with personal hygiene and substantial assistance with shower and bath. -Resident has a terminal prognosis related to breast cancer and staff will work with hospice team to ensure physical and social needs are met. Observation on 02/09/25 at 10:00 A.M., showed Resident #11, in his/her room, with 1/2 inch hair growth on his/her chin. Observation on 02/10/25 at 12:30 P.M., showed Resident #11, in hallway, with 1/2 inch hair growth on his/her chin. Observation on 02/11/25 at 08:45 A.M., showed Resident #11, by nurse's station with 1/2 inch hair growth on his/her chin. 2. Review of Resident 64's quarterly MDS), dated [DATE], showed: - admitted on [DATE] to memory care unit. - Moderate cognitive impairment. - Required assistance with all Activities of Daily Living (ADL's) and supervision with transfers. - Frequently incontinent of bowl and bladder. - Takes scheduled pain medications. - Diagnosis of: Diabetes (A group of diseases that result in too much sugar in the blood), chronic obstructive pulmonary disease (a group of lung diseases that cause airflow obstruction and breathing problems), high blood pressure, Alzheimer's disease (a brain disorder that causes memory loss, confusion, and changes in thinking and behavior), and depression. Review of Resident #64's care plan, dated 03/19/23., showed the resident has an activities of daily living (ADL) self-care performance deficit related to aggressive behavior and Alzheimer's and requires moderate assistance with personal hygiene and substantial assistance with showers and bathing. Observation showed on 02/09/25 at 10:15 A.M., Resident #64, standing by table in dining room, with 1/2 inch hair growth on his/her chin. Observation showed on 02/10/25 at 09:50 A.M., Resident #64, in quiet area, with 1/2 inch hair growth on his/her chin. Observation showed on 02/11/25 at 09:00 A.M., Resident #64, sat in the dining room, with 1/2 inch hair growth on his/her chin. During an interview on 2/8/25 at 10:55 A.M., NA said resident's should be offered a shave on bath days. (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 2/9/25 at 1:25 P.M., RN B said all resident's who don't want facial hair should be shaved. Not all resident's will allow shaving, but staff should attempt again. 3. Review of Resident #21's Significant Change MDS, dated [DATE]., showed: - Significant Impairment to Cognition. - Total assist of nursing staff for all activities of daily living. - Diagnoses included: Parkinsons (A progressive neurological condition that affects fine motor skills), Pneumonia (Infection of the lungs, with fluid build up), Dementia, Diabetes (Excessive sugar in the blood)> Observation on 02/09/25 at 11:49 A.M., showed: -Resident sitting up in a specialized reclining chair with dirty dried food on the cushions of the chair. -Resident had dried food on his/her face from the prior meal and his/her facial chin hair was 1-2 inches in length. Observation on 2/10/25 1:50 P.M. showed the resident in a wheelchair with dried dirt and crusty food debris on the chair cushion and arm rest. The resident had visible chin hairs on his/her face and food from the noon meal dried on his/her face. During an interview on 2/9/25 at 12:02 P.M., NA A said: - He/She was unsure who routinely cleaned resident equipment. - He/she believed that resident's should not have dried food on his/her face and chin hairs should be shaved. During an interview on 2/10/25 at 1:30 P.M. LPN A said: - Female residents should be offered a shave with showers. - Residents #21 should have been assisted by staff to ensure he/she had a clean face and hands after the meal service. 52043 4. Review of Resident #16's Annual MDS, dated [DATE], showed: -Resident is cognitively intact; -Resident requires moderate assistance of nursing staff for all ADL'S (Activities of Daily Living); -Resident is dependent on a wheelchair; (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Diagnoses included: Debility (physical weakness), heart disease, diabetes (chronic high blood sugar), depression, and lung disease. During an interview on 2/10/25 at 8:16 A.M and 3:19 P.M., Resident #16 said: -I had one shower last week but would prefer showers twice a week. -The facility doesn't always have a shower aid on duty; - It upsets me off that I can only shower once every ten days. I wish I could do my own showers; -It is bad enough that I can't shower every day, dammit it, but why can't I have 2-3 showers each week?; - He/she was thinking about getting on hospice so they can get showers because hospice comes twice a week; -He/she had not started hospice services yet because that is your last hope. -They don't always have a shower aid here. During an interview on 2/10/25 at 5:14 P.M., CNA A said residents be provided with at least two showers weekly, and more showers if they ask. During an interview on 2/10/25 at 3:37 P.M., LPN C said residents should be provided with a shower as often as they want. During an interview on 02/11/25 at 2:15 P.M., DON states he/she expects residents with facial hair to be shaved and well groomed. During an interview on 2/11/25 at 2:15 P.M., the Administrator said: -Residents should get showers twice a week, unless they ask for more then staff should provide it. - Resident's should be offered a shave on shower days and as often needed. - Resident equipment should be cleaned when it becomes dirty. 51166

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46706 Based on interview and record review, the facility failed to clarify the status of Resident #10's Do Not Resuscitate Order (DNR, medical order that instructs the health care provider not to do resuscitative measures if a person's heart stops) when the resident signed the DNR authorizing no life saving measures be taken and also signed the revocation provision of the DNR, stating the resident wanted life saving measure to be taken. This affected one (Resident #10) of 18 sampled residents. The facilty census was 83. Review of the facilty's policy titled, Resident Rights Regarding Treatment and Advance Directives, dated, [DATE], showed: -This facilty supports the resident's right to request, discontinue or refuse treatment; -The facilty supports the resident's right to formulate an advance directive; -On admission it will be determined if the resident has executed an advance directive or would like to formulate one; -Periodically the facilty will identify and clarify if the resident would like to make any changes. 1. Review of Resident #10's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated [DATE], showed: -No cognitive impairment; -Dependent for all Activities of Daily Living (ADLs) and transfers; -Diagnoses included, asthma and obstructive uropathy (a condition where urine flow is blocked or hindered, leading to backup of urine in the urinary tract). Review of the resident's care plan, dated, [DATE]; showed: -The resident is a full code status (all life saving measures to be initiated if heart or breathing stops); -Cardiopulmonary Resuscitation (CPR), a life-saving procedure that involves chest compressions and rescue breaths, will be performed as ordered; -The resident will have his/her wishes followed according to his/her signed directive; -Review code status quarterly; -The resident's care plan contained conflicting information regarding the resident's code status. The resident's DNR showed he/she was a full code status and a DNR status. (continued on next page)

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the resident's Medical Record and DNR documents showed: -[DATE], the resident signed the authorization to withhold life saving measures; -[DATE], the resident signed the revocation provision, revoking the resident's DNR code status; -The resident's DNR contained conflicting information regarding the resident's code status. The resident's DNR showed he/she was a full code status and a DNR status. Review of the resident's Physician's Order Sheet (POS), dated February 2025, showed an order for DNR/ No CPR, dated [DATE]. In an interview on [DATE], at 08:05 A.M., the resident said he/she did not want CPR if his/her heart stopped beating. In an interview on [DATE], at 08:20 A.M., the MDS coordinator said: -Resident code status is on the resident's electronic medical record and in a book at the nurses station; -The Social Services Designee (SSD) keeps the code status book updated. In an interview on [DATE] 08:30 A.M., the SSD (social service director) said: -He/She is responsible for ensuring the DNRs, are updated and accurate; -He/She updates the code status book monthly; -Resident #10's DNR should be clear with no conflicting information; -Resident #10 should not have a signature requesting CPR and a signature declining CPR. In an interview on [DATE], at 09:18 A.M., Certified Nurses Aide (CNA) D said: -The staff look at the care plan or at the code status book at the nurses desk to determine the code status of the residents; -He/She was not sure of resident #10's code status with out looking it up; -He/she expects the care plan and code status book to be correct; -He/she could not identify the resident's code status by looking at the medical record or the code status book. In an interview on [DATE], at 10:04 A.M., Licensed Practical Nurse (LPN) C said: -The order for code status on resident #10's POS should match the DNR and the care plan; (continued on next page)

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-He/She looks at the care plan, the code status book and the electronic medical record to determine the code status of all residents; -The resident's DNR should not have a signature in the the authorization to withhold life saving measures and a signature in the revocation provision of the DNR; -Based on this information he/she could not determine the resident's code status. In an interview on [DATE], at 11:55 A.M., Registered Nurse (RN) B said: -The order on resident #10's POS should match the DNR and the care plan; -He/She looks at the care plan and the code status book to determine the code status of the resident; -The resident's DNR should not contain conflicting information; -Based on this information he/she could not determine the resident's code status; -The SSD was responsible to ensuring resident DNRs are completed. In an interview on [DATE] 02:15 P.M., the Director of Nursing (DON) and Administrator said: -The staff can find a resident's code status in the electronic medical record, the care plan and in the code book at the nurses station; -Resident #10's code status should match the physician's order on the POS; -Resident #10's care plan should match the physicians order on the POS; -Resident #10 should not have signatures in both the DNR section and the full code section; -She expects the SSD to keep resident DNRs up to date and clarify any conflicting information. - The Administrator concurred with the DON.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46987 Based on observation and interviews, the facility failed to maintain a safe, clean, comfortable, and homelike environment when the facility failed to maintain and replace pealing wallpaper, repair water stained ceilings, clean and replace broken furniture, repair scraped and missing paint from walls, replace broken window blinds, fix and repair loose headboards and foot boards on resident beds. and assure medical equipment is clean and stored away from residents in a common area. The facility census was 40. Review of the facility's Physical Environment Space and Equipment policy, dated 9/1/21, showed an inspection of resident care equipment will be completed routinely and as needed to maintain safe operation condition. Review of the facility's Resident Right Policy, date 9/1/22., showed the resident has the right to a safe, clean, comfortable, and homelike environment, that supports daily living. 1. Observation of the memory care unit on 2/9/25 at 10:35 A.M., showed: - Two uncovered suction machines, with visible debris on both machines in the common area where resident's gather, machines sitting on a dirty cart by the medication refrigerator. - A blue/gray chair with ripped up cushion exposing foam insert sitting in a common area by the nurses station. - Main hallway and dining area floors with dull finish, and sticky. In an interview on 2/9/25 at 11:35 A.M., NA A., said -He/She was not sure who was responsible for medical equipment, or where suction machines are to be stored, but thought the nurse would know. - He/She had been there a short time and just started. - He/She usually sees a housekeeper most days. - He/She was not sure if torn furniture should be in resident areas. Observation on 2/10/25 at 1:15 P.M., showed the suction machine remained uncovered, and in the common area. In an interview on 2/10/25 at 1:30 P.M., LPN A, said: - The torn chair and suction machines had been there for a few days. - The suction machines should be cleaned, covered, and stored for next use. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Torn and broken equipment should be removed from resident sitting areas. 51166 2. Observation on 2/9/25 at 11:48 A.M. in room [ROOM NUMBER] showed: -Unpainted patches on wall above TV and above the bed; -Missing light bulb and bulb cover in fixture above mirror in the bathroom; -Holes patched but not painted in the bathroom. Observation on 2/09/25 at 12:19 P.M. in room [ROOM NUMBER] showed unpainted patches on the wall next to the bed. Observation on 2/09/25 at 12:26 P.M. showed: -Water stains and chips in paint on ceiling in three inches by two-inch area across from room [ROOM NUMBER]; -Water stain 12 inches by 36 inches on ceiling next to room [ROOM NUMBER]. Observation on 2/10/25 at 8:02 A.M., showed a nightstand in room [ROOM NUMBER] had edges worn off on front and sides, exposing pressed wood. Observation on 2/10/25 at 2:57 P.M. showed: -An unpainted two inch by three-inch unpainted patch where garbage can was stored across from shower room on 100 hall; -Water stains and ceiling puttied over cracks but not painted across from shower room on 100 hall. Observation on 2/10/25 at 2:58 P.M. showed wallpaper peeling on 150 hall near the exit sign. 3. Observation of the memory unit on 2/9/24 and 2/10/24 showed: - 02/09/25 10:00 A.M. room [ROOM NUMBER] Right side door frame broken and headboard very loose. - 02/09/25 11:21 A.M. room [ROOM NUMBER] Window blinds broken in room with pieces in window sill. Bathroom has old metal riser on toilet. - 02/10/25 8:52 A.M. Chair in memory care sitting area has no cover on cushion/exposed foam. - 02/10/25 8:54 A.M. room [ROOM NUMBER] Broken window blinds. room [ROOM NUMBER] Headboards and footboards loose both beds. Sink faucet fixture loose. - 02/10/25 8:58 A.M. room [ROOM NUMBER] Phone jack broken off wall hanging by wires. Wall scratched and gouged. Curtain rod broken. Air vent crooked/partially off by TV. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- 02/10/25 9:01 A.M. room [ROOM NUMBER] Window blinds broken. room [ROOM NUMBER] Window blinds broken. - 02/10/25 9:09 A.M. room [ROOM NUMBER]. Gouge in wall by TV. In an interview on 02/11/25 at 08:38 A.M. the Maintenance Director said: -They have a computer based preventative maintenance program that directs their efforts. -Nursing writes out a work order if they run across any issues in rooms or in facility, submit it to maintenance. -Maintenance then fix it and sign off after completed. -Maintenance is responsible for checking the O2 (Oxygen) storeroom weekly. In an interview on 02/11/25 at 08:44 A.M. the DON said: -Nursing knows how to report issues like loose headboards, broken blinds, and wall gouges. -They report it to maintenance via maintenance orders. -Housekeeping only does the cleaning and can also fill out the work orders too. -Nursing equipment should be cleaned and stored appropriately away from other residents when not in use. In an interview on 02/11/25 at 09:02 A.M. the Regional Housekeeping Manager said: -If housekeeping runs across anything needing repaired they write it in the maintenance log if not an emergency. -If an emergency they would notify maintenance directly and log it. - He said there is a log at each nurses station.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 46706 Based on interview, and record review, the facility failed to provide services that met professional standards of practice when staff failed to record the administration of medications on the Medication Administration Record (MAR) for one (Resident #13) of 18 sampled residents. The facility census was 83. Review of the facilty's policy titled, Medication Administration, dated, 09/01/22, showed: -Medications are administered by legally authorized staff as ordered by the physician in accordance with professional standards of practice; -Sign the MAR after the medication has been administered; -Document any adverse effects or refusals. Review of the facilty's policy titled, Medical Provider Orders, dated, 04/07/22, showed staff should follow all medical provider orders. 1. Review of Resident #13's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 01/02/25, showed: -No cognitive impairment; -Dependent with all Activities of Daily Living (ADLs) and transfers; -Always incontinent of bowel and bladder; -Takes scheduled and as needed pain medications; -Pain is present constantly; -Receives oxygen therapy; -Diagnoses included, heart failure, high blood pressure, anxiety and respiratory failure. Review of the resident's care plan dated 07/10/24 showed: - The resident has an ADL self care performance deficit related to activity intolerance; - The resident has pain; - Administer pain medicine as ordered; - Document any side effects. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation and interview on 02/09/25, at 03:54 P.M., showed: -The resident in bed in his/her room; -The resident facial grimaced and moaned; -The resident said his/her back hurt; -The resident said he/she takes scheduled pain medications; -The resident said the facilty often runs out of his/her pain medications and the resident has to go without them for several days; -The resident said his/her pain level is severe. Review of the resident's Physician's Order Sheet (POS) dated, December 2024, showed: -Diagnoses included chronic pain. -Order start date: 05/06/24, Gabapentin (used to treat nerve pain) 100 milligrams (mg), give 100 mg every 8 hours for chronic pain; -Order start date: 10/18/24, Oxycodone (used to treat mild to moderate pain) 10/325 mg, give one tablet every 6 hours for pain. Review of the resident's MAR dated 12/01/24 through 12/31/24 showed: -On 12/11/24 at 06:00 P.M., there was no documentation to indicate that his/her Gabapentin 100 mg was administered; -On 12/11/24 at 06:00 P.M., there was no documentation to indicate that his/her Oxycodone 10/325 mg was administered; -On 12/19/24 at 06:00 P.M., there was no documentation to indicate that his/her Gabapentin 100 mg was administered; -On 12/19/24 at 06:00 P.M., there was no documentation to indicate that his/her Oxycodone 10/325 mg was administered. Review of the resident's POS dated, January 2025, showed: -Diagnoses included chronic pain. -Order start date: 10/18/24/24, Oxycodone 10/325 mg, give one tablet every 6 hours for pain. Review of the resident's MAR dated 01/01/25 through 01/31/25 showed on 01/23/25 at 06:00 P.M., there was no documentation to indicate that his/her Oxycodone 10/325 mg was administered. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 02/11/25, at 09:07 A.M., Certified Medication Technician (CMT) B said: -There should be some sort of documentation on resident #13's MAR to show that the resident took the medications or refused them; -There should be no blank spaces on resident #13's MAR; -It is important to document pain medications to see if they are effective; -He/she did not know why there were blank spaces on the resident 13's MAR. In an interview on 02/11/25, at 10:04 A.M., Licensed Practical Nurse (LPN) C said: -There should be no holes on resident 13's MAR; -There should be an entry in the box to show if the resident took the medication, refused it or it was not available; -There should be documentation to indicate that resident #13's Oxycodone 10/325 mg was administered; -There should be documentation to indicate that resident #13's Gabapentin 100 mg, was administered. In an interview on 02/11/25, at 11:55 A.M., Registered Nurse (RN) B said: -When there is a blank space on resident #13's MAR, we do not know if the medications were given or not; -There should be documentation to indicate that resident #13's Oxycodone 10/325 mg was administered or refused; -There should be documentation to indicate that resident #13's Gabapentin 100 mg, was administered or refused; -There should not be any blank spaces on resident #13's MAR. In an interview on 02/11/25 02:15 P.M., the Director of Nursing (DON) said: -If there is no entry on the resident's MAR we do not know if the medication was given or not; -There should be some kind of entry on the resident's MAR indicating if the medication was given, refused or held; -There should be documentation to indicate that resident #13's Oxycodone 10/325 mg was administered; -There should be documentation to indicate that resident #13's Gabapentin 100 mg, was administered. (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	02/12/2025

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- During the interview, Administrator concurred with the DON.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265827	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46706 Based on observation, interview, and record review, the facility failed to ensure that dependent residents who were unable to carry out activities of daily living (ADLs) received the necessary services to maintain good personal hygiene when staff did not provide complete peri care. This affected three of 18 sampled residents (Resident #10, #39 and #25). The facility census was 82. Review of the facility's policy, Activities of Daily Living, dated, 09/01/21, showed: -The facility will ensure that residents who are unable to carry out activities of daily living will receive the necessary services to maintain good grooming and personal hygiene. Review of the facility's policy, Perineal Care, dated 09/01/21, showed: -It is the practice of this facility to provide perineal care to all incontinent residents as needed to promote cleanliness, comfort, prevent infection and prevent skin breakdown; -Female: Separate the resident's skin folds with one hand and cleanse perineum, wiping front to back; -Repeat on opposite side using a new disposable wipe; -Clean the urethral opening with a new wipe with each stroke; -Turn the resident on their side, using a new wipe with each cleansing motion, cleaning all areas urine or feces have touched; -Males: Cleanse urethral opening, in a circular motion, working outward, -Cleaning all areas urine or feces have touched. 1. Review of Resident #10's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 01/17/25, showed: -No cognitive impairment; -Dependent for all ADL's and transfers; -The resident has a urinary catheter; -The resident is frequently incontinent of bowel; -Diagnoses included, asthma and obstructive uropathy (a condition where urine flow is blocked or hindered, leading to backup of urine in the urinary tract). Review of the resident's care plan, dated 01/20/25, showed: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265827	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Belleview Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1616 Weisenborn Road Saint Joseph, MO 64507	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-The resident has an ADL self-care performance deficit related to limited mobility; -The resident has potential impairment to skin integrity related to limited mobility. -Resident is dependent on nursing staff to maintain personal and peri care hygiene needs. Observation on 02/09/25, at 10:55 A.M., showed: -Certified Nurses Aide (CNA) D and Nurses Aide (NA) B entered the resident's room; - CNA D removed the resident's brief; - CNA D wiped down each side of the groin with a new wipe each time; - CNA D wiped across the abdominal fold with a new wipe; - CNA D did not separate and clean all the perineal folds. - CNA D and NA B turned the resident onto his/her side; - CNA D used a new wipe and cleaned the rectal area; - CNA D did not separate and clean all the skin folds. In an interview on 02/09/25, at 11:22 A.M., CNA D said: -He/She did not separate and clean all the perineal folds when he/she provided peri care to the resident; -When doing perineal care all areas that urine or feces have touched should be separated and cleaned. In an interview on 02/09/25, at 11:25 A.M., NA B said when providing perineal care all areas that urine or feces have touched should be separated and cleaned. 2. Review of Resident #39's Annual MDS, dated [DATE], showed: -No cognitive impairment; -Dependent for all ADL's and transfers; -Diagnoses included, multiple sclerosis (a chronic, autoimmune disease that affects the central nervous system), arthritis and high blood pressure. Review of the resident's care plan, dated 12/08/24, showed: -The resident has an ADL self-care performance deficit related to multiple sclerosis and arthritis; (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-The resident is incontinent of bowel and bladder; -The resident has potential impairment to skin integrity related to limited mobility; -Dependent on staff for toileting and personal/peri care hygiene needs. Observation on 02/11/25, at 09:35 A.M., showed: -CNA B and CNA C entered the resident's room; - CNA B removed the sheet from the resident; - CNA C wiped down each side of the groin with a new wipe each time; - CNA C wiped across the abdominal fold with a new wipe; - CNA C did not wipe down the center and did not separate and clean all the perineal folds; - CNA C and CNA B turned the resident onto his/her side; - CNA C used a new wipe and cleaned the rectal area; - CNA C did not separate and clean all the perineal folds. In an interview on 02/11/25, at 09:46 A.M., CNA C said: -He/She did not separate and clean all the perineal folds when he/she provided peri care to the resident; -When doing perineal care all areas that urine or feces have touched should be separated and cleaned. In an interview on 02/11/25, at 09:49 A.M., CNA B said staff should separate and clean all the perineal folds when providing perineal care to an incontinent resident. 3. Review of Resident #25's Quarterly MDS, dated [DATE], showed: -Moderate cognitive impairment; -Dependent for all ADL's and transfers; -Always incontinent of bowel and bladder; -Diagnoses included, stoke, hemiplegia (a neurological condition that causes paralysis or weakness on one side of the body), and diabetes mellitus (a chronic condition where the body does not use insulin effectively). Review of the resident's care plan, dated 01/21/25, showed: (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-The resident has an ADL self-care performance deficit; -The resident in incontinent of bowel and bladder; -Dependent on staff for toileting and personal/peri care hygiene needs. Observation on 02/11/25, at 10:04 A.M., showed: -CNA B and CNA C entered the resident's room; - CNA B wiped down each side of the groin with a new wipe each time; - CNA B wiped across the abdominal fold with a new wipe; - CNA B did not wipe down the center and did not separate and clean all the perineal folds; - CNA B and CNA C turned the resident onto his/her side; - CNA B used a new wipe and cleaned the rectal area; - CNA B did not separate and clean all areas that urine or feces had touched. In an interview on 02/11/25, at 10:18 A.M., CNA B said: -He/She did not separate and clean all the perineal folds when he/she provided peri care to the resident; -When doing perineal care all areas that urine or feces have touched should be separated and cleaned. In an interview on 02/11/25, at 10:04 A.M., Licensed Practical Nurse (LPN) C said: -Staff should separate and clean all the perineal folds when providing peri care to an incontinent resident; -When cleaning a male resident, the area of the urethral opening should be cleansed in a circular motion, working outward; -When doing perineal care all areas that urine or feces have touched should be separated and cleaned. In an interview on 02/11/25, at 11:55 A.M., Registered Nurse (RN) B said when providing perineal care, all areas that urine or feces have touched should be separated and cleaned. In an interview on 02/11/25, at 02:15 P.M., the Director of Nursing (DON) said: -She expects staff to separate and clean all the perineal folds when providing peri care to an incontinent resident; (continued on next page)

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Belleview Care Center	1616 Weisenborn Road Saint Joseph, MO 64507

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-She expects staff to clean the area of the urethral opening in a circular motion, working outward when cleaning a male resident; -When doing perineal care all areas that urine or feces have touched should be separated and cleaned. -During the interview, the Administrator concurred with the DON.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)

F 0684

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

Provide appropriate treatment and care according to orders, resident’s preferences and goals.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 51166

Based on observations, interviews, and record review, the facility failed to provide the care and services to attain or maintain the highest practicable physical, mental, or psychosocial well-being for three of the 18 sampled residents (#16, #47, and #48) when the facility failed to complete proper assessments, obtain a physician's order for medication to be administered to resident #47 by resident #48 and additionally failed to respect resident choice regarding showers for resident #16. The facility census was 82.

The facility's Resident Rights policy, dated 9/1/22, showed:

-The resident has a right to a dignified existence, self-determination, and communication with access to persons and services inside and outside the facility;

-The resident has the right to self-administer medications if the interdisciplinary team determines that this practice is clinically appropriate;

-The resident has the right to, and the facility must promote and facilitate resident self-determination through support of a resident's choice including the right to choose schedules and health care;

-The resident has a right to make choices about aspects of their life in the facility that are significant to the resident.

1. Review of Resident #47's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool completed by facility staff, dated 1/1/25, showed:

-Resident is cognitively impaired;

-Diagnoses included: Dementia (decline in mental abilities that affect memory), Alzheimer's disease (progressive brain disease that destroys memory and thinking ability).

Observation on 2/9/25 at 10:14 A.M. showed:

-Resident #47's medications were in a small plastic cup sitting on the resident's desk in front of the bed.

In an interview on 2/9/25 at 10:14 A.M., Resident's room mate and spouse (Resident #48) said:

-Staff gives resident #47's medications to him/her to administer to Resident #47;

- He/She administered medications to his/her spouse (Resident #47);

-He/She had previously worked as a Registered Nurse.

Review of Resident #47's electronic medical records showed:

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-No physician's orders for Resident #48 to administer medication to resident #47; -No competency assessment for Resident #48 to administer medications to Resident #47. In an interview on 2/10/25 at 3:50 P.M., RN B said: -They must get a physician's order for a resident to self-administer medications or administer medications to other residents; -After physician's orders are received, they educate the resident on administering medication and the resident must demonstrate competency, which should be documented in the resident's progress notes; -Medications should be given directly to the resident they are prescribed to unless there are proper assessments, care planning and orders. -It is a complicated situation with Resident #47 & Resident 48. 2. Review of Resident #48's Annual MDS, dated [DATE], showed: -Resident had moderate cognitive impairment; -Diagnoses included: Debility (physical weakness), heart disease, cirrhosis of the liver (severe scarring of the liver), and lung disease. In an interview on 2/9/25 at 10:14 A.M., Resident #48 said: -He/She was an RN; -Staff gives His/Her spouse's medications to Him/Her if their spouse is sleeping so He/She can administer the medications when his spouse awakens; -He/she picked up the plastic medication cup with medications in it from the desk to show the surveyor. 3. Review of Resident #16's Annual MDS, dated [DATE], showed: -Resident is cognitively intact; -Resident requires moderate assistance of nursing staff for all ADLS (Activities of Daily Living); -Resident is dependent on a wheelchair; -Diagnoses included: Debility (physical weakness), heart disease, diabetes (chronic high blood sugar), depression, and lung disease. In an interview on 2/10/25 at 8:16 A.M., Resident #16 said: (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-I had one shower last week but would prefer showers twice a week. -The facility doesn't always have a shower aid on duty; In an interview on 2/10/25 at 3:19 PM, Resident #16 said: - It upsets me off that I can only shower once every ten days. I wish I could do my own showers; -It is bad enough that I can't shower every day, dammit, but why can't I have 2-3 showers each week?; - He/she was thinking about getting on hospice so they can get showers because hospice comes twice a week; -He/she had not started hospice services yet because that is your last hope. -They don't always have a shower aid here. In an interview on 2/10/25 at 5:14 P.M., CNA A said staff should provide residents two showers weekly, but residents can receive more if they ask. In an interview on 2/10/25 at 3:37 P.M., LPN C said staff should provide residents showers as often as they want. In an interview on 2/11/25 at 2:15 P.M., the Administrator said: -Residents should not have medications sitting in a cup in their room. -Residents should not administer medications to another resident. -There should be competency assessments, orders, and it should be care planned for a resident to administer meds for another resident. -Residents should get showers twice a week, unless they ask for more.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52044 Based on observation, interview, and record review, the facility failed to assure that two residents (Resident's #36 & #13) who needed respiratory care, was provided respiratory care consistent with professional standards of practice, when the facility staff failed to follow Physician orders for continuous oxygen therapy for Resident #36, and additionally, failed to assure that staff delivered a clean oxygen oxygen concentrator with oxygen tubing supplies for Resident #13. This affected two of the 18 sampled Residents. The facility census was 82. Review of the Facility's Medical Provider Orders Policy, dated 04/07/2022, showed: -It is the responsibility of all staff to follow all valid medical provider orders timely unless there is an emergency which would temporarily delay the implementation of the order. If the order is not followed the physician should be notified for clarification of the order. Review of the facility's Oxygen Policy, dated 9/1/21., showed staff are to be educated on oxygen safety precautions in accordance with their roles and responsibilities related to the use of and storage of oxygen. 1. Review of Resident #36's Quarterly Minimum Data Set (MDS), a Federally mandated assessment instrument completed by facility staff dated 02/12/25., showed: -Severe cognitive impairment. -Resident requires nursing assistance with all activities of daily living (ADL's) and transfers. -Diagnoses included: Alzheimer's Disease (a brain disorder that causes memory loss, confusion, and changes in thinking and behavior), COPD (chronic obstructive pulmonary disease a long-term lung disease that causes airflow obstruction and breathing problems), an anxiety disorder, and depression. Review of Resident #36's Care Plan, dated 11/25/24, showed: -Unable to communicate needs related to Alzheimer's-Staff to anticipate and meet all needs. -Impaired cognitive thought processes-Staff to anticipate and meet all needs. -He/She was at risk for falls. -Administer Oxygen as ordered by physician. -Change tubing, humidifier bottle, and plastic holding bag for oxygen tubing every Thursday night shift. -Resident has history of breathing issues and requires oxygen. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 02/09/25 at 12:17 P.M. showed Resident #36 had no oxygen tank or concentrator in his/her room and no nasal cannula or tubing was provided. He/she was on room air. Review of Physician's Order, dated November 2025., showed a written order dated 11/13/2024 for Oxygen at 2 Liters per minute per nasal tubing continuously. Review of nursing progress notes on 02/09/25, showed: An order related to Oxygen administration dated 01/31/25 to change oxygen tubing, humidifier bottle, and plastic holding bag for oxygen tubing every Thursday night. In an interview on 02/10/25 at 09:45 A.M. CMT-B, said he/she was not aware of an active oxygen order for Resident #36. Observation on 02/10/25 at 11:00 A.M. showed Resident #36 had no oxygen tank or concentrator in his/her room. Additionally, no nasal cannula with tubing was in room. He/she is on room air. In an interview on 02/10/25 at 11:15 A.M. LPN-B, said: - He/She was not aware of a continuous oxygen order for Resident #36 and that oxygen saturations were checked once a day and documented on the treatment record. - If oxygen was needed could obtain the oxygen tank from the crash cart in an emergency. Observation on 02/11/25 09:23 A.M. showed an unclean oxygen concentrator in Resident #36's room, sitting on the floor and behind the curtain. The oxygen concentrator was turned off and dirty with dried white liquid streaks running down the front and side of device. Additionally, the nasal cannula was not dated and remained inside a bag hanging on the concentrator. Oxygen was not on the resident. In an interview on 02/11/25 at 09:45 A.M. with CMT-B, said he/she placed concentrator in the room of Resident #36 behind the curtain and did not plug it in. Record review of progress notes and medication administration record on 02/11/25 at 10:00 AM, did not show oxygen administration documentation was completed for the month of January/February. 2. Review of Resident #13's Quarterly Minimum Data Set (MDS), dated [DATE]., showed: -Resident is a Full Code (All life saving measures are to be done). -Diagnoses included: Dementia (a syndrome characterized by a progressive decline in cognitive functions, such as memory, thinking, reasoning, and problem-solving, severe enough to interfere with daily life and activities), Congestive heart failure (CHF, also known as heart failure, a condition where the heart muscle is weakened and cannot pump blood effectively and can lead to a buildup of fluid in the lungs and other tissue), Respiratory Failure (a condition where the lungs cannot adequately exchange gases, resulting in insufficient oxygen in the blood and/or excessive carbon dioxide in the blood). Review of Resident #13's care plan, dated 10/17/24, showed: (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Risk of poor oxygen absorption and shortness of breath. -Dependent on nursing staff for assistance with all ADLS and transfers. -Impaired cognitive function. -High risk for falls and fall risk monitoring. -Provide extension tubing when portable with oxygen -Keep oxygen levels greater than 91% and monitor as needed. Oxygen flow at 2 Liters Per Minute, continuously while in bed. Observation on 02/09/25 at 12:25 P.M. showed: A dirty oxygen concentrator in room with brown liquids dried and running over filter covering. Additionally, the oxygen tubing was out-dated 01/31/25 by one week. Observation on 02/10/25 at 09:09 A.M. showed resident had a dirty oxygen concentrator in room with brown liquids dried and running over filter covering, additionally the oxygen tubing was still dated 01/31/25. In an interview on 02/11/25 at 09:02 AM Housekeeping Director., said oxygen concentrators are cleaned by housekeeping on the outside, but they do not clean filters, they dust and wipe down the concentrators on the outside, only. In an interview on 02/11/25 at 12:25 P.M the DON, said Housekeeping cleans the oxygen concentrators, but does not do maintenance on oxygen devices. Oxygen equipment is cleaned by housekeeping but if broken the rental company swaps out equipment. Nursing is not involved in cleaning the oxygen filters. Nursing is responsible for replacing and updating dates on tubing. During the exit interview on 02/11/25 at 12:25 P.M. the Administrator said: - Physician orders should be followed as ordered. -Oxygen equipment should be cleaned when provided to a resident for use.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. 46987 Based on observation, interview and record review, the facility failed to ensure staff administered medications with a medication rate of less than five percent when facility staff made two medication errors out of 26 opportunities for error resulting in a medication error rate of seven percent which affected two of the 18 sampled residents (Resident #14 and #18). The facility census was 82 Review of the facility's undated policy for medication administration showed, all medications will be administered to every resident by a licensed nurse or a Certified Medication Technician (CMT) and as ordered by a physician in a safe and sanitary manner. The facility did not provide a policy for administration of eye drops. Review of the website, https://webmd.com, for artificial tears eye drops showed: - To avoid contamination, do not touch the dropper tip to the eye or or any other surface; - Tilt your head back, look up, and pull down the lower eyelid to make a pouch; - Place the dropper directly over the eye and squeeze out one or two drops as needed; 1. Review of Resident #14's Physician's Order Sheet (POS) dated January 2025 showed Artificial Tears instill one drop in left eye three times a day for dry eyes. Review of the resident's medication administration record (MAR) dated January 2025 showed instill one drop in Artificial Tears instill one drop in left eye three times a day for dry eyes. Observation on 02/10/25 12:26 P.M., showed: - CMT A washed his/her hands, applied gloves and cleaned the resident's eye lids, removed gloves and washed his/her hands and applied new gloves; - CMT A placed one drop in the resident's left and the tip of the eye dropper touched the resident's eye lid and eye lashes. CMT A applied lacrimal pressure (gentle pressure applied to the inner eye by the nose) for 20 seconds; In an interview on 02/10/25 12:36 P.M., CMT A said: - The tip of the eye dropper should not touch the resident's eye lid or eye lash; - Lacrimal pressure should be applied for one to two minutes. 2. Review of Resident #14's Physician's Order Sheet (POS) dated January 2025 showed Artificial Tears instill one drop in left eye three times a day for dry eyes. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265827	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025

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

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's medication administration record (MAR) dated January 2025 showed instill one drop in Artificial Tears instill one drop in left eye three times a day for dry eyes. Observation on 02/10/25 12:26 P.M., showed: - CMT A washed his/her hands, applied gloves and cleaned the resident's eye lids, removed gloves and washed his/her hands and applied new gloves; - CMT A placed one drop in the resident's left and the tip of the eye dropper touched the resident's eye lid and eye lashes. CMT A applied lacrimal pressure (gentle pressure applied to the inner eye by the nose) for 20 seconds; In an interview on 02/10/25 12:36 P.M., CMT A said: - The tip of the eye dropper should not touch the resident's eye lid or eye lash; - Lacrimal pressure should be applied for one to two minutes. In an interview on 12/10/24 at 1:20 P.M., the Director of Nursing (DON) said: - The tip of the eye dropper should not touch the resident's eye lashes or eye lids; - Staff should apply lacrimal pressure for one minute.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51166 Based on observation and interview, the facility failed to ensure staff served food to the residents that was palatable and attractive for two of 18 sampled residents (Resident #8 and #16). The facility had a census of 82. The facility did not provide a policy on food palatability and appearance. Observation on 2/11/25 at 12:46 P.M. showed: -Alfredo noodles tasted dry and bland; -The cream pie dessert had gritty texture and was tasteless. 1. Review of Resident #16's Annual Minimum Data Set (MDS), a federally mandated assessment tool completed by facility staff, dated 11/22/24, showed: -Resident was cognitively intact; -Diagnoses included: Debility (physical weakness), heart disease, diabetes (chronic high blood sugar), depression, and lung disease. During an interview on 2/10/25 at 8:26 A.M., Resident #16 said: -Sometimes food was served cold and raw; -They did not get the drinks that they ordered with their meals; During an interview on 2/10/25 at 3:19 P.M., Resident #16 said: -The way the way the food was presented made Him/Her not want to eat it; -He/She was not happy when the food was served cold and looked bad. 2. Review of Resident #8's Quarterly MDS, dated [DATE], showed: -Resident was cognitively intact; -Diagnoses included: Diabetes (high blood sugar), anxiety, depression, lung disease, During an interview on 2/9/25 at 11:31 A.M., Resident #8 said: -The food was not good and was cold when the tray was delivered to their room; -The food was not appetizing to look at so they would not eat it and would eat the snacks He/She had in His/Her room; (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 was tired of eating hamburgers as an alternate menu item; -The waffles that were served on 2/8/25 were so hard that He/She could not eat them because it was like a brick; During an interview on 2/10/25 at 04:26 P.M., the Dietary Manager said: -They expect hot foods to be served hot and cold foods to be served cold; -The food should have an appealing appearance, seasoning and an appropriate texture. During an interview on 2/10/25 at 4:33 P.M., the Dietician said: -Hot foods should be served hot and cold foods should be served cold; -They expect the food to have an appealing appearance and appropriate texture, and be seasoned. During an interview on 2/11/25 at 2:15 P.M., the Senior Administrator said: -They expect hot foods to be served hot and cold foods to be served cold; -The food should have an appealing appearance, seasoning and appropriate texture.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51166 Based on observation, interviews, and record review, the facility failed to prepare and serve food in accordance with professional standards for food service safety when staff failed to label and date all foods, discard expired food, keep daily logs for freezer temperature, test and record dishwasher chemical sanitizer levels, seal all foods after opening, use proper hand washing, and properly store food storage containers and dishes. The facility census was 82. Review of the facility's Food Storage Policy, dated [DATE]., showed: -All areas of food storage will be clean, dry, and maintained at temperatures as required to meet food safety requirements. -All open products will be sealed, wrapped and closed to ensure quality and prevent contamination against pests or rodents. -All outdated goods will be discarded the day after expiration date. -All temperatures log will be maintained and kept up to date. -All refrigerator and freezer logs will be maintained and kept up to date. Review of the facility's Sanitation Policy. dated [DATE]., showed: -All kitchen areas, dining areas, shall be kept clean. -All utensils , kitchen equipment, and shelves, and counters will be clean and in good repair. Continuous observation of the kitchen on [DATE] at 9:34 A.M. to 10:15 A.M. showed: -The floor in front of stove was greasy and slippery; -The refrigerator in the serving area outside kitchen was missing temperature recordings on the log for , d+[DATE] through ,d+[DATE]; -Unbranded hamburger buns and white bread were on cart outside kitchen without a label indicating the date the product was opened; -Plates near steam table outside kitchen were face up and had no cover on the cart; -The metal rack next to the freezer had pitcher lids and the food processor container stored face up; -The walk-in freezer temperature log was missing entries for ,d+[DATE] through ,d+[DATE]; (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-Pans on the bottom of the prep table across from the oven were stored upright; -Unbranded loaf of white bread on the prep table shelf had no open date; -Staff did not know where dishwasher test log was located; -Empty boxes were scattered on the kitchen floor in front of handwashing sink; -Mixing bowls and punch bowl on pantry shelf were stored upright; -Large bag of Cortona pasta open with no open date; -Banquet three-pound tub of shortening had no open date and the best by date on the container was [DATE]; -Great Value 8-ounce Organic Rubbed Sage, received date was labeled ,d+[DATE] and the best by date on the package was [DATE]; -Spice Islands 7-ounce Cinnamon Sticks labeled as received on ,d+[DATE] and the best by date on the package was [DATE]; -[NAME]-[NAME] 18-ounce Pure Almond Extract had a best by date of ,d+[DATE]; -Sysco 10-ounce Imperial Parsley Flakes had a best by date of [DATE] with an open date labeled as , d+[DATE]; -Sysco 4.5 pounds Classic Paprika had a best by date of [DATE] and an open date labeled ,d+[DATE]; -Sysco 27.5-ounce Imperial Thyme Leaves opened date was [DATE]; -Items toward the front of the walk-in freezer, chicken nuggets, ice cream cups, and -Totino's pizza rolls, were soft and not as cold to the touch as the frozen items in the back of the walk-in freezer; -Box of 1000 count Ghirardelli chocolate chips stored uncovered in walk-in freezer; -Dirty and rusted ceiling vent next to walk-in freezer; -Two large water stains (12 inches x 12 inches and 10 inches by 24 inches) through patched, cracked, unpainted putty on ceiling next to the walk-in freezer; -Peeling paint and drywall on wall outside the walk-in freezer near the ceiling; -Dietary Manager washed hands, then dried hands with a paper towel and used the paper towel to turn off the faucet, then continued to dry hands and arms with the same paper towel, re-contaminating his/her hands. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Observation on [DATE] at 9:50 A.M. showed the Dietary Manager washed his/her hands, dried his/her hands with paper towels then wiped the sink and turned off faucet, then used the same paper towels to continue drying hands, re-contaminating his/her hands. Observation on [DATE] at 10:55 A.M. showed the Dietary Manager washed hands, dried with paper towel, then used same paper towel to turn off the faucet, wipe sink, and transferred the paper towel to the other hand before throwing away, re-contaminating his/her hands. Observation on [DATE] at 9:50 A.M. showed: -Dark spatters on ceiling near smoke alarms and in between fluorescent lights; -Dirty ceiling vent outside of kitchen office; Observation on [DATE] at 2:40 P.M. showed Dietary Aide A with a beard cover below his/her chin, long chin hairs visible. Observation on [DATE] at 2:41 P.M. showed drywall cracked and chunks of paint missing where the handwashing sink meets the wall. Observation on [DATE] at 4:22 P.M. Dietary Aid A with a beard cover pulled down, exposing his/her chin hair. During an interview on [DATE] at 9:43 A.M, Dietary Aid B said: -He/She worked weekends and had never tested the dishwasher chemical solution; -He/She did not know how to test the dishwasher chemical solution or know where the log book was kept. During an interview on [DATE] at 3:57 P.M., Dietary Aid A said: -Expired foods, including spices should be thrown out; -Opened food items should be labeled with date the item was opened; -After washing hands, they should dry their hands with a paper towel, then turn off the faucet with the paper towel; -They should not continue drying hands with same paper towel that was used to turn off the faucet; -The kitchen ceiling and vents should be clean and in good repair; -Opened food items should be covered and dated for storage; -Plates, bowls, mixing bowls, and containers should be stored upside down or covered; -The kitchen floor should not be greasy and slippery; (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-Hairnets and beard covers should cover hair completely. During an interview on [DATE] at 4:26 P.M., the Dietary Manager said: -He/She expects expired foods and spices to be thrown out; -Opened food items should be labeled with opened date; -He/She expects staff to not use same paper towel to dry off hands after using the paper towel to turn off the faucet; -Kitchen ceiling and vents should be clean and in good repair; -He/She expects opened food items to be covered for storage; -Plates, bowls, mixing bowls, and containers should be stored facing down; -The kitchen floor should not be greasy and slippery; -Hair nets and beard covers should be always worn in the kitchen. During an interview on [DATE] at 4:33 P.M., the Dietician said: -Expired foods and spices should be thrown out; -Opened food items should be labeled with the received and opened dates; -He/She expects the same paper towel that was used to turn off faucet would not be used to dry hands; -The kitchen ceiling and vents should be clean and in good repair; -Opened food items should be covered for storage; -Plates, bowls, mixing bowls, and containers be stored inverted; -The kitchen floor should not be greasy and slippery; -Hairnets and beard covers should be always worn in the kitchen; During an interview on [DATE] at 2:15 P.M., the Administrator said: -Expired foods and spices should be disposed of; -Opened food items should be labeled with the dates received and opened; -He/She expects the paper towel used to turn off faucet would not be used to dry hands; (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-Kitchen ceiling and vents should be clean and in good repair; -He/She expects opened food items be covered for storage; -He/She expects plates, bowls, mixing bowls, and containers be stored inverted; -Kitchen floor should not be greasy and slippery.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. 51166 Based on observations, interviews, and record review, the facility failed to ensure that it maintained essential equipment in a safe and operable working condition. Specifically, when the large walk-in freezer had been left with a build-up of ice on the freezer floor and on the ceiling of the walk-in freezer, which left the the walk in freezer with elevated temperatures for several days, while it was defrosting. This had the potential to affect all residents due to the health risks associated with serving foods that had been thawed for an unknown period of time. The facility census was 82. The facility did not provide a policy on maintaining kitchen equipment. Observation on 2/09/25 at 10:12 A.M. showed: -Missing freezer temperature logs from 2/7 to 2/9; -A measurement of 20 inch by 30 inch and 1/4-inch-thick area of ice buildup on the freezer floor in front of the back wall of the walk in freezer; -Icicles and frost build up on ceiling under freezer fans; -Thermometer inside the freezer read 28 degrees Fahrenheit, rather than the 0 degrees Fahrenheit recommended by the FDA (Food and Drug Administration); -Freezer external thermometer read 12 degrees Fahrenheit, rather than the 0 degrees Fahrenheit recommended by the FDA (Food and Drug Administration); -Food toward the front of the freezer, a bag of chicken nuggets, single serve ice cream cups and a bag of pizza rolls, were softer and warmer to the touch than the items in the back of the freezer. An observation on 2/10/25 at 10:47 A.M., the freezer temperature logs showed: -2/5 read -2 degrees Fahrenheit in the morning and 22 degrees Fahrenheit in the evening; -2/6 read-2 degrees Fahrenheit in the morning and 20 degrees Fahrenheit the evening; -2/7 read -8 degrees Fahrenheit in the morning and 22 degrees Fahrenheit in the evening; -2/8 read -9 degrees Fahrenheit in the morning and 30 degrees Fahrenheit in the evening; -2/9 read -8 degrees Fahrenheit in the morning and -6 degrees Fahrenheit in the evening. During an interview on 2/10/25 at 3:57 P.M., Dietary Aid A said: - Items in freezer should be frozen; -Freezer temperature should read 0 degrees Fahrenheit or below; (continued on next page)

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Freezer temperature logs should match the temperature on the freezer thermometer; -If they saw ice on the floor of the freezer, they would fill out work order sheet. During an interview on 2/10/25 at 4:26 P.M., the Dietary Manager said: - Freezer temperature should read ten degrees Fahrenheit or below; -There should not be ice build up on the freezer floor or on the ceiling near the fans; - Items like ice cream, chicken nuggets, and pizza rolls should be frozen when stored in the freezer; - Freezer temperature logs should match the temperature on the freezer thermometer; - If the freezer was not working, they would fill out a maintenance sheet to request repairs. During an interview on 2/10/25 at 4:33 P.M., the Dietician said: -Freezer temperature should be kept at 10 degrees or below; - There should not be ice on the floor of the freezer and ice buildup on the freezer ceiling near the fans. - Frozen items should be frozen solid when stored in the freezer; -Freezer temperature logs should match the temperature on the thermometer in the unit. -If the freezer was not working properly, dietary aids should let the kitchen manager know, who should inform the maintenance director; -If the maintenance director cannot make the freezer repair, they should request service call. During an interview on 2/11/25 at 10:21 A.M., the Maintenance Director said: -If the freezer was not working, they would try to repair it and if they could not perform the repair, then they would request the freezer to be serviced the repair company. -If the freezer was going into a defrost, there would be icicles and ice buildup on the ceiling and the floor. -There should not be ice buildup inside the freezer; -They were notified on 2/9/25 about the freezer not working properly; -Repair company was at the facility on 2/9/25 and 2/10/25 working to repair the freezer. During an interview on 2/11/25 at 2:15 P.M., the Senior Regional Administrator said: (continued on next page)

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-The freezer temperature should be between 32 to 34 degrees Fahrenheit; -Frozen items should be frozen when stored in the freezer; -There should not be ice on the floor of the freezer and on the ceiling near the fans; -Freezer temperature logs should match the temperature on the thermometer in the unit. -Staff should notify maintenance when the freezer temperature is too low; -Maintenance Director should look at the freezer to see if it is a defrost issue; -If Maintenance Director could not fix the freezer, then they should call for servicing; -If the freezer temperature continued to be too low, they should move all the food to a working freezer.

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52044 Based on observation, interview, and record review, the facility failed to assure Resident #36 and Resident #79 had access to a call light while lying in bed to prevent potential accidents by allowing these residents to summon staff as needed. This affected two of the 18 sampled Residents. The facility census was 82. Review of the Facility's Call Light Policy- Accessibility and Timely Response, dated 09/1/21, showed: -Assurance that the facility is adequately equipped with a call light at each resident's bedside, toilet, and bathing facility to allow residents to call for assistance. Cal lights will directly relay to a staff member or centralized location to ensure appropriate response. -Each resident will be evaluated for unique needs and preferences to determine any special accommodations that may be needed in order for the resident to utilize the call system. -Special accommodations will be identified on the plan of care and provided accordingly touchpads, larger buttons, bright colors. -With each interaction in the resident's room or bathroom, staff will ensure the call light is within reach of resident and secured, as needed. 1. Review of Resident #36's Quarterly Minimum Data Set (MDS), a Federally mandated assessment instrument completed by facility staff dated 02/12/25., showed: -Severe cognitive impairment. -Resident requires nursing assistance with all activities of daily living (ADL's) and transfers. -He/She is incontinent of bowel and/or bladder and requires nursing assistance with personal hygiene needs. -Diagnoses included: Alzheimer's Disease (a brain disorder that causes memory loss, confusion, and changes in thinking and behavior), chronic obstructive pulmonary disease (a long-term lung disease that causes airflow obstruction and breathing problems), an anxiety disorder, and depression. Review of Resident #36's care plan, dated 11/25/4, showed: -At risk for skin breakdown due to incontinence and decreased mobility. -Resident is a DNR(Do not resuscitate- No life saving or heroic measures) -Requires total staff assist for all ADLS. -Communication problem related to Alzheimer's-Staff to anticipate and meet all needs. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Impaired cognitive thought processes-Staff to anticipate and meet all needs. -He/She was at risk for falls -On routine psychotropic (mood altering medications) medications for verbal and physical behaviors. -Resident has history of breathing issues and requires oxygen. Observation on 02/09/25 at 09:45 A.M. showed Resident #36's call light was not visible to him/her. -Resident was lying in bed, and the call light was behind curtain and underneath the bed on the floor, out of the resident's reach. During an Observation and Interview on 02/09/25 at 09:45 Resident #36 said: - He/She did not know if they had a call light - Denies knowing how to contact a nurse if needed assistance. - Observation showed the resident was unaware of surroundings and or how to use call light assistance. In an interview on 02/09/25 at 11:00 A.M. CNA-B he/she said call lights should be within reach for all residents. In an interview on 02/10/25 at 10:15 A.M LPN-B said that call lights should be within reach for the resident. In an interview on 02/11/25 at 08:30 A.M the Maintenance Director said call lights should be within reach of the resident. 2. Review of Resident #79's Quarterly Minimum Data Set (MDS) dated [DATE], showed: -Moderate cognitive impairment. -Unable to communicate needs effectively. -Total assist of nursing staff for all ADLS. -Incontinent of bowel and/or bladder -Diagnoses included: of Coronary Artery Disease (CAD)(a condition where the arteries that supply blood to the heart become narrowed or blocked). This reduces blood flow to the heart muscle, which can lead to symptoms such as chest pain, shortness of breath, and heart attack., high blood pressure, Diabetes Mellitus (a chronic disease that affects how the body uses glucose (sugar) for energy), and Dementia, (a syndrome characterized by a progressive decline in cognitive functions, such as memory, thinking, reasoning, and problem-solving, severe enough to interfere with daily life and activities). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265827	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Belleview Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #79's care plan dated 10/30/24, showed: -Goal is to maintain safety with call light in reach; -Staff to anticipate and monitor resident's needs: -Dignity should be honored: -Requires nursing assistance with performing activities of daily living: -Impaired cognition. Observation on 02/09/25 at 10:30 A.M. showed Resident #79 laid on bed and the call light was not within his/her reach. The call light was clipped to the light on wall at head of bed at and out of the resident's reach. In an interview with Resident #79 on 02/09/25 at 10:30 AM the reisdent said he/she did not know how to call the nurse. In an interview on 02/09/25 11:00 A.M. CNA B said the residents call light should be placed within reach. In an interview on 02/10/25 at 10:15 A.M. LPN B said that call lights should be within the resident's reach. In an interview on 02/11/25 at 12:30 P.M. the Director of Nursing said call lights should be within reach so the residents can call staff for assistance when needed.