| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265856 | A. Building<br>B. Wing | 06/09/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Fair View Health Care Center | 1714 W 16th Street<br>Sedalia, MO 65301 |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
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| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure services provided by the nursing facility meet professional standards of quality.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, facility staff failed to meet professional standards when staff did not complete weekly skin assessments and did not document they provided physician ordered wound treatments for three residents (Residents #1, #2, and #3) out of six sampled residents. The facility census was 61.<br><br>1. Review of the facility's Skin Assessment Policy, dated 6/26/24, showed licensed or registered nurse will conduct a full body, or head to toe, skin assessment upon admission, or re-admission and weekly thereafter. The assessment may also be performed after a change of condition or after any newly identified pressure injury.<br><br>2. Review of Resident #1's Minimum Data Set (MDS), a federally mandated assessment tool, dated 4/5/25, showed staff assessed the resident as:<br><br>-Cognitively intact;<br><br>-Diagnosis of stroke, pressure ulcer of sacral region (region of the lower back) stage two (partial thickness skin loss), and chronic non pressure ulcer of the right calf with fat layer exposed;<br><br>-At risk for pressure ulcers.<br><br>Review of the resident's care plan, dated June 2025, did not contain documentation in regard to the resident's skin breakdown.<br><br>Review of the resident's physicians order sheets (POS), dated June 2025, showed physician's orders directed staff as follows:<br><br>-Weekly skin assessments;<br><br>-Xeroform (type of special gauze used in wound care) to right lower leg and cover with ace once daily in the morning;<br><br>-Zinc Oxide External Ointment 20% apply to affected areas topically every shift for skin breakdown. Cleanse with wound cleanser. Pat dry. Apply to coccyx (bottom of spine).<br><br>Review of the resident's medical record, dated 4/1/25 through 4/30/25, did not contain documentation staff completed a weekly skin assessement the weeks of 4/7/25, 4/14/25, 4/21/25 or 4/28/25.<br><br>(continued on next page) |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|

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| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of the resident's medical record, dated 5/1/25 through 5/31/25, did not contain documentation staff completed a weekly skin assessment the weeks of 5/5/25, 5/12/25, and 5/26/25.<br><br>Review of the resident's Treatment Administration Record (TAR), dated 5/1/25 through 5/31/25, showed staff did not document they provided the resident wound care as ordered on 5/3/25, 5/10/25, 5/11/25, 5/15/25, 5/23/25, 5/27/25, 5/28/25, or 5/29/25.<br><br>3. Review of Resident #2's MDS, dated [DATE], showed staff assessed the resident as:<br><br>-Cognitively intact;<br><br>-Diagnosis of Parkinson's disease with dyskinesia (involuntary muscle movements);<br><br>-Impairment to both sides, upper and lower extremities.<br><br>Review of the resident's care plan, dated June 2025, showed staff assessed the resident with a potential for pressure ulcer development related to immobility. Staff are directed to administer treatments as ordered and monitor for effectiveness and to follow facility policies and protocols for prevention and treatment of skin breakdown.<br><br>Review of the resident's POS, dated June 2025, showed physician orders directed staff as follows:<br><br>-Weekly skin assessments;<br><br>-Barrier cream cleanse perineal area and buttocks after each incontinence episode, then apply barrier cream every shift.<br><br>Review of the resident's medical record, dated 4/1/25 through 4/30/25, did not contain documentation staff completed a weekly skin assessment for the weeks of 4/1/25, 4/21/25, or 4/28/25.<br><br>Review of the resident's medical record, dated 5/1/25 through 5/31/25, did not contain documentation staff completed a weekly skin assessment for the weeks of 5/5/25 or 5/12/25.<br><br>Review of the resident's TAR, dated 5/1/25 through 5/31/25, showed staff did not document they provided the resident wound care as ordered on 5/10/25, 5/11/25, 5/15/25, 5/24/25, 5/25/25, 5/27/25, and 5/28/25.<br><br>Review of the resident's TAR, dated 6/1/25 through 6/9/25, showed staff did not document they provided the resident wound care as ordered on 6/2/25 and 6/3/25.<br><br>4. Review of Resident #3's MDS, dated [DATE], showed the staff assessed the resident as:<br><br>-Cognitively intact;<br><br>-Diagnoses of Pressure ulcer of buttocks stage three (full thickness skin loss) and nonchronic ulcer of lower leg;<br><br>-Dependent for toileting and transfers;<br><br>(continued on next page) |

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| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -Indwelling urinary catheter;<br><br>-Incontinent of bowel;<br><br>-At risk for pressure ulcers.<br><br>Review of the resident's care plan, dated June 2025, showed staff assessed the resident as had a pressure ulcer of the buttock. Staff are instructed to complete weekly treatment with documentation to include measurement of each area of skin breakdown's width, length, depth, type of tissue and exudate (mass cells and fluid that has seeped out of blood vessels or an organ) and any other notable changes or observations.<br><br>Review of the resident's POS, dated June 2025, showed physician orders direct staff as follows:<br><br>-Cleanse open area on buttocks, apply xeroform, cover with island dressing (non-adherent wound dressing). Change every day and as needed until healed daily;<br><br>-Cleanse open areas on lower right extremity and left lower extremity, apply xeroform and non adhesive dressing, wrap with kerlix (bulky gauze used for wound care) every day and as needed until healed one daily per wound nurse;<br><br>-Nystatin External Ointment 100,000 unit/Gram apply to affected areas topically every morning and at bedtime for fungal treatment.<br><br>Review of the resident's medical record, dated 4/1/25 through 4/30/25, did not contain documentation staff completed a weekly skin assessment for the weeks of 4/1/25, 4/7/25, 4/14/25, 4/21/25, or 4/28/25.<br><br>Review of the resident's medical record, dated 5/1/25 through 5/31/25, did not contain documentation staff completed a weekly skin assessment for the weeks of 5/5/25 or 5/15/25.<br><br>Review of the resident's TAR, dated 5/1/25 through 5/31/25, showed staff did not document they provided the resident wound care as ordered on 5/4, 5/8/25, 5/11/25, 5/15/25, 5/16/25, 5/19/25, 5/24/25, 5/25/25, 5/26/25, 5/27/25, 5/28/25, and 5/29/25.<br><br>During an interview on 6/9/25 at 1:18 P.M., Licensed Practical Nurse (LPN) A said skin assessments are to be completed weekly by the nurse. LPN A said he/she thinks the Director of Nursing (DON) would be responsible for making sure they are completed and documented in their electronic health records. He/She said the charge nurse is responsible for wound care and treatments. LPN A said if there was a hole in the TAR it would mean the treatment was not completed. He/She said the DON and Administrator are responsible for making sure the TAR is signed off on by the nurses.<br><br>(continued on next page) |

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| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | During an interview on 6/9/25 at 1:35 P.M., LPN D said skin assessments are done at least once weekly and more often for residents with wounds. He/She said assessments are documented in the residents electronic health records and the nurse on duty is responsible to complete them. He/She said the DON would be responsible for making sure they are completed. He/She said the charge nurse is responsible for treatments and wound care. Staff are to sign off on the TAR after completion and if there was not a signature it would mean the treatment had not been completed. He/She believes the Regional consultant nurse is responsible for making sure this is completed.<br><br>During an interview on 6/9/25 at 2:12 P.M., the DON said skin assessments should be completed weekly by the charge nurse. He/She said he/she is responsible for making sure they are completed. The DON said he/she was made aware the nurses were not doing these as they were supposed to. He/She said the charge nurses are responsible for wound care and treatments. Staff are to sign off on the TAR when the treatments are completed. If there was a hole in the TAR it would mean the treatment was not completed. He/She said he/she is responsible for making sure this is completed and was not aware there were holes in the TAR.<br><br>During an interview on 6/9/25 at 2:20 P.M., the Administrator said skin assessments should be completed weekly by the charge nurse and when showers are completed. He/She said the DON is responsible for making sure this is completed. He/She said if there was a hole in the TAR it would mean a treatment wasn't completed or it was not signed off on. He/She said the DON is responsible for making sure the TAR is signed off on.<br><br>MO00254921 |

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| F 0838<br><br>Level of Harm - Potential for minimal harm<br><br>Residents Affected - Many | Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.<br><br>Based on interview and record review, facility staff failed to update their Facility-Wide Assessment, an assessment completed by facility staff to determine what resources are necessary to care for its residents competently during day-to-day operations and emergencies as necessary. The facility census was 59.<br><br>1. Review of the facility's Assessment Tool, dated 9/5/24, showed the purpose of the assessment is to evaluate the resident population and determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies. Staff are directed as follows:<br><br>-Use this assessment to make decisions about your direct care staff needs, as well as your capabilities to provide services to the residents in your facility, at least annually and as necessary, per the above requirement;<br><br>-Use evidence-based, data driven methods that focus on ensuring that each resident is provided care that allow the resident to maintain or attain their highest practicable physical, mental and psychosocial well-being. The tool is organized in three parts:<br><br>-Resident profile including numbers, diseases/conditions, physical/behavioral health needs, cognitive disabilities, acuity, and ethnic/cultural/religious factors that impact care;<br><br>-Services and care offered based on resident needs;<br><br>-Facility resources needed to provide competent care for residents, including staff, staffing plan, staff training/education and competencies, physical environment and building needs, and other resources, including agreements with third parties, health information technology resources and system, a facility-based and community-based risk assessment, and other information that you may choose.<br><br>Review of the Facility's Assessment Tool, dated 9/13/24 showed the assessment tool did not contain:<br><br>-The persons involved in completing the assessment;<br><br>-The dates the facility assessment was reviewed with QAA/QAPI committee;<br><br>-The resident profile section for the last quarter average number of occupied beds;<br><br>-The acuity section for the accurate number of resident's acuity levels that help to understand potential implication regarding the intensity of care and services needed over the past year or during a typical month;<br><br>-The Special treatments and conditions section for an accurate number, average, or range of residents;<br><br>-The Assistance with activities of daily living (ADL's) section for an accurate number for residents who are independent, one to two person assistance, or dependent on staff;<br><br>(continued on next page) |

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| F 0838<br><br>Level of Harm - Potential for minimal harm<br><br>Residents Affected - Many | -The mobility section for an accurate number of residents;<br><br>-The average daily facility staffing plan, based on the resident population and their needs for care and support for an accurate number of staff needed.<br><br>During an interview on 6/2/25 at 1:00 P.M., the Director of Nursing (DON) said he/she thought the administrator was responsible for updating the facility census. He/She said he/she doesn't think the administrator knew how often to update the facility assessment. He/She said the administrator was responsible for making sure the staffing quota was met for the facility's acuity.<br><br>During an interview on 6/2/25 at 1:16 P.M the interim administrator said the administrator is responsible for updating the facility assessment yearly and on an as needed basis. He/She does not know why this has not been done. He/She said the facility assessment should be updated if there is an change in administration, DON, staffing requirements, resident acuity, and census changes.<br><br>MO00255114 |