

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265856	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2025
NAME OF PROVIDER OR SUPPLIER Fair View Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1714 W 16th Street Sedalia, MO 65301	

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)
<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on interview and record review, facility staff failed to have a Registered Nurse (RN) for eight consecutive hours a day that was not the Director of Nursing (DON) with a facility census over 60 residents. The facility was 64.1. Review of the facility's Registered Nurse Policy, revised 4/30/24, showed staff are directed the DON may serve as a charge nurse only when the facility has average daily occupancy of 60 or fewer residents. 2. Review of the facility census and staffing sheets, dated 7/15/25 to 7/31/25, showed the following: -7/20/25 showed a facility census of 61, and DON worked as a charge nurse;-7/24/25 showed a facility census of 61, and DON worked as a charge nurse;-7/29/25 showed a facility census of 61, and the DON worked as a charge nurse. 3. Review of the facility census and staffing sheets, dated 8/1/25 to 8/20/25, showed the following: -8/1/25 showed a facility census of 63, and DON worked as a charge nurse;-8/2/25 showed a facility census of 62, and DON worked as a charge nurse;-8/6/25 showed a facility census of 61, and DON worked as a charge nurse;-8/7/25 showed a facility census of 61, and DON worked as a charge nurse;-8/11/25 showed a facility census of 63, and DON worked as a charge nurse;-8/12/25 showed a facility census of 64, and DON worked as a charge nurse;-8/14/25 showed a facility census of 65, and DON worked as a charge nurse;-8/15/25 showed a facility census of 64, and DON worked as a charge nurse;-8/16/25 showed a facility census of 64, and DON worked as a charge nurse;-8/17/25 showed a facility census of 64, and DON worked as a charge nurse;-8/20/25 showed a facility census of 64, and DON worked as a charge nurse. During an interview on 8/20/25 at 9:00 A.M., the Administrator said the DON has been working as the RN charge nurse at nights for a few weeks because they do not have another RN. During an interview on 8/20/25 at 9:13 A.M., the staffing coordinator said the DON has been working the floor as the RN charge nurse because they only have one other RN on staff. During an interview on 8/20/25 9:43 A.M., the Administrator said he/she is aware that the DON can not be the floor nurse once the census is over 60, he/she said he/she only has one other RN on staff that takes turns with the DON to cover RN hours. He/She said there are add on indeed for nurses in their area. During an interview on 8/20/25 at 10:23 A.M., the DON said he/she is aware that he/she can not count as the RN and the DON but he/she does not have another RN due to staffing issues. He/She said he/she has been working as the floor RN charge nurse for about a month. Complaint # 2590461</p>

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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