STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265867	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norterre	2555 Norterre Circle Liberty, MO 64068

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview and record review the facility failed to ensure that a resident's environment remained free of accident hazards when the facility used a portable electric heater in a resident's room (Resident #1). The facility census was 55. The facility did not provide the requested policy for safe environment and/or accident hazards.1.Review of Resident #1's Quarterly Minimum Data Set (MDS, a federally mandated assessment completed by facility staff) dated 10/23/23 showed:-Severe cognitive impairment;-Impairment on both sides upper and lower extremities;-Dependent on staff for all Activities of Daily Living (ADL)s;-Diagnosis included respiratory failure and anxiety.Review of the resident's care plan dated 10/29/25 showed:-The resident had a self-care deficit related to disease process;-The resident was dependent on staff for all aspects of care.Observation of the resident's room on 11/20/25 at 11:38 A.M., showed:-A portable heater plugged in and running in the corner of the room;-The heat was set to 87 degrees Fahrenheit;-A hose ran from the heating unit to the window and was held in place by white tape;-There were no staff in the room.During an interview on 11/20/25 at 11:49 A.M., Licensed Practical Nurse (LPN) A said:-He/She was not sure how long the heat had not been working in the resident's room;-He/She was not sure how long the portable heater had been in place;-He/She had not been instructed to complete any extra checks on the resident due to the use of the heater and a fire risk.During an interview on 11/20/25 at 12:32 P.M., the Maintenance Director said:-On 10/17/25 the repair company came out do repairs but did not finish;-The company is coming back this week to finish the repairs in the resident's room;-The portable heating unit was put in the resident's room until the repair company could return to fix the heat in the resident's room;-He was not sure when the heater was put in the resident's room;-He though it would be ok to use the portable heating unit until the heating could be fixed in the resident's room because it was vented to the outside;-He should not have used a portable heater to heat the resident's room.During an interview on 11/20/25 at 1:13 P.M., the Administrator said:-She was aware that heater was used as a temporary solution;-She thought it would be ok the use the heater because it was vented to the outside;-Portable heaters should not be used in resident rooms. Intake 2644857

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

FORM CMS-2567 (02/99)
Previous Versions Obsolete

Event ID:

Facility ID:
265867

If continuation sheet
Page 1 of 1