STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265434	A. BUILDING _____ B. WING _____	05/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERVIEW NURSING CENTER	10303 STATE ROAD C MOKANE, MO 65059

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 567 SS=E	Protection/Management of Personal Funds CFR(s): 483.10(f)(10(i)(ii) §483.10(f)(10) The resident has a right to manage his or her financial affairs. This includes the right to know, in advance, what charges a facility may impose against a resident's personal funds. (i) The facility must not require residents to deposit their personal funds with the facility. If a resident chooses to deposit personal funds with the facility, upon written authorization of a resident, the facility must act as a fiduciary of the resident's funds and hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in this section. (ii) Deposit of Funds. (A) In general: Except as set out in paragraph (f)(l0)(ii)(B) of this section, the facility must deposit any residents' personal funds in excess of $100 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must maintain a resident's personal funds that do not exceed $100 in a non-interest bearing account, interest-bearing account, or petty cash fund. (B) Residents whose care is funded by Medicaid: The facility must deposit the residents' personal funds in excess of $50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must maintain personal funds that do not exceed $50 in a noninterest bearing account,	F 567		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 6/6/25

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.

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F 567	Continued From page 1	F 567		

interest-bearing account, or petty cash fund. This REQUIREMENT is not met as evidenced by:
Based on interview and record review, facility staff failed to prevent the commingling of 13 residents' (Resident #10, #33, #34, #38, #42, #43, #44, #45, #46, #47, #48, #49, #50) personal funds with the facility operating funds out of 37 sampled residents. The facility census was 37.

Review of the facility's policy titled "Conveyance of Resident Funds", revised 05/21, showed the residents personal funds and a final accounting of funds are returned to the resident, the resident representative, or the resident's estate as applicable within 30 days from the date of the resident's discharge from the facility or death. Should a resident pay for services which then retroactively become Medicare/Medicaid eligible, the facility promptly refunds the amount charged to the resident for those services as soon as the facility receives the intermediary's payment. Inquiries concerning refunds are referred to the administrator or Business Office Manager (BOM).

Review of the facility-maintained Accounts Receivable Aging report, dated 05/19/25, showed the following residents with personal funds held in the facility operating account:

Resident	Amount Held in Operating Account
#10	$1618.00
#33	$917.00
#34	$1233.00
#38	$6400.00
#42	$60.17
#43	$571.00
#44	$70.15
#45	$368.00

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	265434	A. BUILDING _____ B. WING _____	05/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERVIEW NURSING CENTER	**10303 STATE ROAD C MOKANE, MO 65059**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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#46 $1297.07
#47 $228.79
#48 $2718.65
#49 $7600.00
#50 $826.00

Total $23907.83

During an interview on 05/19/25 at 1:30 P.M., the BOM said he/she started as the BOM in November 2024. The BOM said he/she had no previous experience with this role and was supposed to be trained by the outgoing BOM before he/she left but that did not happen. The BOM said he/she reviews the A/R Aging report monthly and if credits are found he/she will submit a refund request to the Recovery Specialist and the Recovery Specialist is responsible to ensure all claims are paid and the money is refunded. The BOM said the Recovery Specialist sends the facility a copy of the refund check for the facility records and the Recovery Specialist is responsible to update the accounts receivable aging report when he/she gets a refund check. The BOM said the facility should refund a resident money within 30 days of discharge and he/she is aware this has not been done. The BOM said he/she does not know why the money has not been returned within the time frame as the Recovery Specialist is responsible for ensuring it is completed. The BOM said the facility does not having anything in writing to hold resident funds past the 30 days.

During an interview on 05/20/25 at 10:30 A.M., the Recovery Specialist said when a resident refund is needed, he/she is made aware by the facility BOM. The Recovery Specialist said he/she is responsible to ensure all claims are paid. The

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERVIEW NURSING CENTER	10303 STATE ROAD C MOKANE, MO 65059

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F 567	Continued From page 3	F 567		

Recovery Specialist said he/she is responsible for updating the accounts receivable aging report, mailing the check to the resident and/or responsible party, and sending a copy of the check to the facility for their records. The Recovery Specialist said he/she does not know refunds should be sent within 30 days of a resident discharge from the facility. The Recovery Specialist said he/she did not know why it takes over 30 days to get a refund issued.

During an interview on 05/21/25 at 9:00 A.M., the Director of Banking Services said the Recovery Specialist is responsible for the accounts receivable aging report. The Director of Banking Services said once he/she gets a check request from the Recovery Specialist he/she cuts a check and sends it to the Recovery Specialist. The Director of Banking Services said he/she did not know a resident refund should be issued within 30 days of discharge from the facility.

During an interview on 05/21/25 at 10:10 A.M., the Administrator said he/she reviews the accounts receivable aging report monthly with the BOM. The Administrator said he/she is aware there are outstanding credits that need to be refunded. The Administrator said after they review the report if they find any credits the BOM will submit a refund request to the Recovery Specialist. The Administrator said once the refund request is submitted the Recovery Specialist is responsible to ensure all the claims are paid and supply a refund check for the resident and/or responsible party. The Administrator said once the Recovery Specialist gets the refund check he/she is responsible for updating the accounts receivable report in the computer system and sending a copy of the check to the BOM for the

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F 567	Continued From page 4 facility records. The Administrator said resident refunds should be issued within 30 days of discharge from the facility and he/she is not sure why the Recovery Specialist is not doing this within the timeframe. The Administrator said he/she is aware the facility has credits more than 30 days old that need to be refunded and he/she said the only reason he/she knows they aren't refunded within 30 days is due to the Recovery Specialist not processing the requests timely after the facility submits them. The Administrator said the facility does not have written permission to hold the resident money after discharge. During an interview on 05/21/25 at 10:30 A.M., the Regional Director of Operations said the the facility BOM is responsible to review the accounts receivable aging report each month and submit any credits to the Recovery Specialist for a refund. Once the Recovery Specialist gets a refund request the Recovery Specialist is responsible to ensure all claims are paid, and request a check for the amount left to refund. Once the Recovery Specialist has the refund check it is his/her responsibility to update the acccounts receivable aging report, mail the check to the resident and/or responsible party, and send the facility BOM a copy of the check. Refunds are to be issued within 30 days of a resident discharge and he/she expects this to be done. It is corporate policy to pay refunds out by the 17th of each month. The Regional DOP said he/she is aware refunds were not being completely timely has determined they were not being processed timely by the recovery specialist.	F 567		
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)	F 761		

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F 761	Continued From page 5 §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, facility staff failed to store medications in a safe manner when staff failed to ensure expired insulin vials were not stored with current resident medications, and failed to ensure medications were not loose in one medication cart out of two sampled. The facility census was 37. 1. Review of the facility's policy titled "Medication Labeling and Storage", dated February 2023, showed multi-dose vials that have been opened or accessed (e.g., needle punctured) are dated	F 761		

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F 761	Continued From page 6	F 761		

and discarded within 28 days unless the manufacturer specifies a shorter or longer date for the open vial. Medications and biologicals are stored in the packaging, containers or other dispensing systems in which they are received. Only the issuing pharmacy is authorized to transfer medications between containers. Medications are stored in an orderly manner in cabinets, drawers, carts, or automatic dispensing systems. Each resident's medications are assigned to an individual cubicle, drawer, or other holding area to prevent the possibility of mixing medications of several residents.

2. Observation on 05/19/25 at 9:30 A.M. with the Director of Nursing (DON), showed:

-One opened 1/2 full vial of Humalog (insulin) 100 units/milliliter (ml) with an open date of 04/10/25;
-One opened 1/4 full vial of Lantus (insulin) 100 units/ml with an open date of 04/16/25;
-One opened 1/2 full vial of Lantus 100 units/ml with an open date of 04/16/25;
-One opened 1/2 full vial of Insulin Lispro 100 units/ml with an open date of 03/24/25;
-One opened 1/4 full vial of Insulin Glargine with an open date of 04/11/25.

During an interview on 05/19/25 at 11:26 A.M., Licensed Practical Nurse (LPN) C said the insulin is supposed to be taken off the medication cart after it has been opened for 30 days. The LPN said night shift staff are responsible for checking the dates on the insulin. The LPN said staff should check the open dates on the insulin before administering the insulin to a resident. The LPN said he/she just did not check the dates on the insulin and he/she should have. Insulin that has been open longer than 30 days should not be on

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F 761	Continued From page 7 the medication cart. During an interview on 05/20/25 at 10:48 A.M., the Assistant Director of Nursing (ADON) said insulin should only be used for 28 days after it is opened. The outdated insulin should not have been on the medication cart. It is the responsibility of the ADON and DON to make sure the nurses are checking the open dates. The concern of giving insulin over the allotted open time is that the insulin won't be as effective. During an interview on 05/20/25 at 11:00 A.M., the DON said staff should only keep insulin on the medication cart for 28 days. The concern of keeping it past the 28 days is it will change the effectiveness of the medication. The DON said the vials of insulin and their open dates were probably not checked by the staff. The DON said it is the ADON and the DON's responsibility to make sure the nurses are checking the insulin dates. The DON said he/she does not have a process for ensuring the nurses check the dates. During an interview on 05/20/25 at 11:13 A.M., the Administrator said staff should put open dates on insulin when they place it on the medication cart. The administrator said he/she does not know how long insulin can be kept once opened. The administrator said he/she expects staff to take expired or outdated insulin off the medication cart. The administrator said the nursing staff should check the dates on the open vials of insulin every shift. The administrator said it is the responsibility of the ADON and the DON to make sure the nurses are checking the dates on the insulin vials every shift. 3. Observation on 05/19/25 at 9:44 A.M. with	F 761		

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F 761	Continued From page 8 Certified Medication Technician (CMT) D showed the CMT medication cart contained 21 loose tablets and capsules of medications in the bottom of medication drawers and were identified as follows: -One capsule of colace (stool softener); -One tablet of 10 milligram (mg) Buspar (anti-anxiety medication); -One tablet of 10 mg of Simvastatin (lowers cholesterol); -One tablet of 100 mg Topamax (migraine medication); -One tablet of 20 mg Celexa (anti-depressant medication); -One tablet of 25 mg Topamax; -One capsule of 0.4 mg Tamsulosin Hydrochloride (used for urine retention); -One tablet of 10 mg Ampyra (used with Multiple Sclerosis); -One capsule of 1 mg Prazosin Hydrochloride (blood pressure medication); -One tablet of 20 mg Lasix (diuretic medication); -One tablet of 50 mg Metoprolol Tartrate (blood pressure medication); -One tablet of 25 microgram (mcg) Soloxine (thyroid medication); -One tablet of 4 mg Eliquis (blood thinner); -One half tablet of Buspar; -One brown capsule, unmarked and unidentifiable; -One half tablet of 500 mg metformin (used for diabetes); -Two white, round tablet, unmarked and unidentifiable; -One tablet of 200 mg Ibuprofen (analgesic); -One tablet of 15 mg Mirtazapine (anti-depressant medication); -One pink, round tablet, unmarked and	F 761		

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F 761	Continued From page 9 unidentifiable. During an interview on 05/20/25 at 10:48 A.M., the ADON said the CMT's should ensure the cart is clean and free of loose pills at the end of every shift. The ADON said it is the responsibility of the ADON and DON to ensure the CMT's are cleaning the medication carts. There should not be loose pills in the medication carts. During an interview on 05/20/25 at 11:00 A.M., the DON said the CMT's should ensure the cart is clean and free of loose pills at the end of very shift during their narcotic medication count. He/she did not know why staff are not doing it, he/she has told them several times to do that. The DON said it is the responsibility of the ADON and the DON to make sure the staff check and clean the carts. The DON said he/she has not consistently been checking the carts as he/she should. It is not okay to have 21 loose pills in the medication cart drawers. During an interview on 05/20/25 at 11:13 A.M., the administrator said the CMT's should clean and check the medication carts for loose pills every shift. The administrator said he/she did not know why the CMT's are not checking their medication carts every shift. The loose pills should not have been in the medication cart. The administrator said he/she, the ADON and DON are ultimately responsible for checking the medication carts.	F 761		

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	06730	A. BUILDING: _____ B. WING _____	05/21/2025

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A4064	19 CSR 30-85.042(55) Medication Storage Facilities shall store all external and internal medications at appropriate temperatures in a safe, clean place and in an orderly manner apart from foodstuffs and dangerous chemicals. A facility shall secure all medications, including those refrigerated, behind at least one (1) locked door or cabinet. Facilities shall store containers of discontinued medication separately from current medications. II/III This regulation is not met as evidenced by: Class III Refer to F761	A4064		
A8044	19 CSR 30-88.010(43) Resident Funds-Itemized Bill The resident, or his or her next of kin, legally authorized representative, or designee shall receive an itemized bill for all goods and services actually rendered. No later than thirty (30) days after the discharge or death of a resident, the operator of the facility shall submit a final itemized bill for all goods and services rendered, showing any credit balances accruing on the date of discharge or death of the resident, and a complete account of the resident ' s remaining funds with the facility, in any account, with whatever title the account(s) may be known, to the resident ' s guardian, conservator, fiduciary of the resident ' s estate, or the individual who was designated to receive the quarterly accounting of all financial transactions made. II/III This regulation is not met as evidenced by: Class II*	A8044		

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A8044	Continued From page 1 Refer to F567 *Higher classification due to the extent of the violation	A8044		
A9004	19 CSR 30-88.020(4) Resident Fund, Monthly Interest The separate account(s) required to be maintained by section 198.090.1.(3), RSMo, shall be maintained in a bank or savings and loan association and if any interest is accrued it shall be credited to each resident ' s account at least monthly. II/III This regulation is not met as evidenced by: Class II* Refer to F567 *Higher classification due to the extent of the violation	A9004		

PLAN OF CORRECTION

Provider/Supplier Name:	Riverview Nursing Center
Street Address, City, Zip:	10303 State Road C, Mokane, MO 65059
Date of Exit:	05/21/2025

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	265434

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
	This plan of correction is submitted as required under the State Law. The submission of this plan does not constitute an admission on the part of Riverview Nursing Center as to the accuracy of the surveyor's findings or the conclusions drawn therefrom. The plan of correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the scope and severity regarding any of the deficiencies cited are correctly applied. The facility submits this plan of correction with the intention that it be inadmissible by any third party in any civil action or criminal action against the facility or any employee, agent, officer, director, or shareholder of the facility. Any changes to the facility policies and procedures should be considered to be subsequent remedial measures as employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis. Please accept this plan of correction with completion dates as our written credible allegation of compliance.	

Joshua Cross Josh Cross Administrator 6/6/2025

F567	**Corrective action will be accomplished for the resident(s) found to be affected by the alleged deficient practice by:** The facility does and will continue to ensure that resident funds are not comingled with facility operating funds by: 1) issuing refund requests and ensuring that the Recovery Specialist issues requested refunds within 30 days of discharge and; 2) providing documentation giving permission to the facility to retain advance room and board payments in the facility's operating account to be applied to future months' room and board amounts due. **The facility recognizes that the alleged deficient practice has the potential to affect all residents, resident representatives, or resident estates.** **The corrective action will be accomplished by:** Administrator will inservice Business Office Manager no later than 07/04/2025 that resident funds should not be comingled with facility operating funds by: 1) issuing refund requests and ensuring that the Recovery Specialist issues requested refunds within 30 days of discharge and; 2) to provide documentation giving permission to the facility to retain advance room and board payments in the facility's operating account to be applied to future months' room and board amounts due. Residents 38, 42, 43, 44, 45, 46, 47, 48, 49, and 50 will receive refunds, and documentation giving permission to the facility to retain advance room and board payments in the facility's operating account to be applied to future months' room and board amounts due for residents 10, 33, and 34 will be complete no later than 07/04/2025. **The measures put in place and the systemic changes made to ensure that the alleged deficient practice does not recur were:** • Administrator and Business Office Manager will review AR/aging accounts, request refunds for all discharged residents and track refunds requested and issued 1 x per week for 4 weeks, 1 x every two weeks for 8 weeks then monthly thereafter or until QA committee determines substantial compliance has been achieved no later than 07/04/2025.	07/04/2025

	The facility plans to monitor its performance to ensure that solutions are sustained. This plan will be implemented and the corrective action will be evaluated for its effectiveness. The plan of correction will be integrated into the Quality Assurance System.	
F761	**Corrective action will be accomplished for the resident(s) found to be affected by the alleged deficient practice by:** The facility does and will continue to ensure that medications are stored in a safe manner by ensuring that expired insulin vials are not stored with current resident medications and that medications are not loose in medication carts. **The facility recognizes that the alleged deficient practice has the potential to affect all residents.** **The corrective action will be accomplished by:** The Administrator will inservice all nurses and CMTs that medications should be stored in a safe manner by ensuring that expired insulin vials are not stored with current resident medications and that medications should not be loose in medication carts. **The measures put in place and the systemic changes made to ensure that the alleged deficient practice does not recur were:** • Director of Nursing/Designee will audit insulin vials to ensure that they are not out of date 1 x per week for 4 weeks, 1 x every two weeks for 8 weeks then quarterly thereafter or until QA committee determines substantial compliance has been achieved no later than 07/04/2025. • CMTs will ensure that there are no loose pills in the medication carts daily using a checklist no later than 07/04/2025. • Director of Nursing/Designee will audit carts for loose pills 2 x per week for 4 weeks, 1 x per week for 8 weeks then quarterly thereafter or until QA committee determines substantial compliance has been achieved no later than 07/04/2025. **The facility plans to monitor its performance to ensure that solutions are sustained. This plan will be implemented and the corrective action will be evaluated for its effectiveness. The plan of correction will be integrated into the Quality Assurance System.**	07/04/2025
A8044 and A9004	**Please refer to F567.**	07/04/2025
A4064	**Please refer to F761.**	07/04/2025

The Administrator signing and dating the first page of the CMS-2567/State Form is indicating their approval of the plan of correction being submitted on this form.