STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265715	A. BUILDING _____ B. WING _____	C 09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNYVIEW NURSING HOME & APARTMENTS	1311 E 28TH STREET TRENTON, MO 64683

(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 921 SS=E	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation and interviews, the facility failed to ensure they maintained a safe, clean, comfortable environment for the residents, when staff failed to keep all areas of the facility clean and free from mold-like substance throughout areas in the building. The facility census was 46. No policy regarding housekeeping or maintaining the environment was provided. Observation of the facility on 9/10/24 at 6:30 A.M. showed a strong, damp and musty (having a stale, moldy or damp smell) smell outside of a resident room #114. Observation of the facility on 9/10/24 at 11:45 A.M. showed a black, mold-like substance on the outside of the air return vents above the nurse's station on the 300 hall; above the kitchenette on the ceiling of the closed wing; on the return air vents in the kitchen area on the 300 hall; and on the ceiling tile behind kitchen freezer in dry storeroom. Observation of the facility on 9/10/24 at 11:50 A.M. showed there was a strong, damp and musty smell in the dining room adjacent to nursing station number three. Observation of the facility on 9/10/24 at 12:00 P.M. showed a black, mold-like substance was	F 921		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Patricia Smith, LNHA	Administrator	10/4/24

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265715	A. BUILDING _____ B. WING _____	C 09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNYVIEW NURSING HOME & APARTMENTS	**1311 E 28TH STREET TRENTON, MO 64683**

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F 921	Continued From page 1	F 921		

found on the heating/cooling unit in the activity room between the nurse's station's two and three; on the heating/cooling unit between the nurse's stations two and three; and heating/cooling unit in occupied resident rooms #208, #311, #307 , and # 213.

Observation of the facility on 9/10/24 at 12:04 P.M. showed a black, mold-like substance was found on the floor against the wall next to nightstand in resident room #201 and on the ceiling tile in an unoccupied room #103.

During an interview on 9/10/24 at 5:45 A.M., the administrator said she was not aware of any mold but there has been leaks in the roof for sometime and the board approved a new roof to be installed.

During an interview on 9/10/24 at 1:00 P.M., CMT 2 said he/she had not noticed mold, but does not look for it.

During an interview on 9/10/24 at 1:05 P.M., CMT 1 said he/she has not noticed mold and is not in the habit of looking for mold.

During an interview on 9/10/24 at 1:15 P.M., housekeeper 1 said there is no policy that includes mold mitigation or training for staff on the prevention of mold.

MO241310

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
	18509	A. BUILDING: _____ B. WING _____	C 09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNYVIEW NURSING HOME & APARTMENTS	1311 E 28TH STREET TRENTON, MO 64683

(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) COMPLETE DATE
A3039	19 CSR 30-85.032(39) Rooms Neat, Orderly, Cleaned Daily Rooms shall be neat, orderly and cleaned daily. II/III This regulation is not met as evidenced by: Class II 1. Refer to F921 *The higher classification is merited due to the extent of the violation.	A3039		
A6015	19 CSR 30-87.020(15) Walls/Ceilings/Doors/Windows Clean Walls and ceilings, including doors, windows and skylights, shall be clean and maintained in good repair. III This regulation is not met as evidenced by: Class III 1. Refer to F921	A6015		

Missouri Department of Health and Senior Services
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Patricia Smith, LNHA — TITLE: Administrator — (X6) DATE: 10/4/24

PLAN OF CORRECTION

Provider/Supplier Name:	SUNNYVIEW NURSING HOME & APARTMENTS
Street Address, City, Zip:	1311 East 28th Street Trenton, MO 64683
Date of Survey:	09/10/2024

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	

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 State and Federal law and policies. The submission of this plan of does not constitute an admission on the part of Sunnyview Nursing Home & Apartments (the facility) 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 findings constitute a deficiency or the scope and severity regarding any of the deficiencies cited is correctly applied.	
F921	**Safe/Functional/Sanitary/Comfortable Environment CFR 483.90(i)** The Administrator developed a Mold and Dampness Inspection Program and a Mold Remediation Plan. This program requires the facility to complete inspections of the entire facility twice yearly for mold and/or dampness. All issues will result in the implementation of the remediation plan. Environmental Services including housekeeping, laundry and maintenance were in-serviced on inspecting for mold and dampness. As part of the remediation plan the source of dampness allowing mold to grow has been identified and contractors hired to replace the facility's flat room. The attic ventilation on the roof has been resealed to prevent leaking on peaked roofs. The PTAC units have been cleaned and require the fan to be running at all times. All staff have been in-serviced on monitoring the PTAC units to insure the fans are running and to report all signs of dampness, mildew and/or mold to the maintenance director. The PTAC units will be cleaned twice yearly and as needed. *continued on next page*	10/09/2024

	CFR 483.90(i) continued from previous page All areas identified in the survey have been replaced, repaired or cleaned. The results of the Mold and Dampness Inspections will be shared with the QAPI committee. The Administrator is responsible for monitoring compliance with the inspections.	

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.

PLAN OF CORRECTION

Provider/Supplier Name:	SUNNYVIEW NURSING HOME & APARTMENTS
Street Address, City, Zip:	1311 East 28th Street Trenton, MO 64683
Date of Survey:	09/10/2024

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	

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A3039	**See Plan of Correction for F921**	10/09/2024
A6015	**See Plan of Correction for F921**	10/09/2024

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.