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	265347	A. BUILDING _____ B. WING _____	C 02/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADAIR VILLAGE	1801 NORTH GAINES DRIVE CLINTON, MO 64735

(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 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure that all residents received care and treatment in accordance with professional standards of practice when facility nursing staff failed to document administering medications per physician orders for three residents (Resident #1, Resident #2, and Resident #3). The facility census was 43. Review of the policy titled, "Clinical Administering Medications", revised April 2019 showed the following: -Medications are administered in accordance with prescriber orders, including any required time frame; -Medications are administered within one hour of their prescribed time, unless otherwise specified (for example, before or after meal orders) for liberal medication passes; -For residents not in their rooms or otherwise unavailable to receive medication on the pass, the Medication Administration Record (MAR) may be "flagged." After completing the medication pass, the nurse will return to the missed resident to administer the medication;	F 684		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	LNHA	3/25/25

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 684	Continued From page 1 -If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medications will initial and circle the MAR space provided for that drug and dose; -The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next ones. 1. Review of the Resident #1's face sheet (a brief resident profile) showed the following: -Admission date of 10/24/24; -Diagnoses included type II diabetes mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), cerebral infarction (stroke), obstructive sleep apnea (intermittent airflow blockage during sleep), congestive heart failure (a chronic condition in which the heart doesn't pump blood as well as it should), rectal cancer, high blood pressure, metabolic encephalopathy (a condition where the brain's function is impaired due to an imbalance in the body's metabolism), atrial fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow), acute respiratory failure with hypoxia (a medical condition where the lungs are unable to adequately exchange oxygen, leading to a dangerously low level of oxygen blood), and gout (a form of arthritis that causes severe pain, swelling, redness and tenderness in joints). Review of the resident's care plan, last revised on 02/10/25, showed the following: -Resident was on anticoagulant (helps prevent blood clots and stroke) therapy related to diagnosis of atrial fibrillation. Staff to administer	F 684		

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anticoagulant medications as ordered by physician and monitor for side effects and effectiveness every shift;
-Resident had diagnosis of anemia. Staff to give medications as ordered and monitor side effects, effectiveness;
-Resident was at risk for complications related to use of antidepressant medication. Staff to administer antidepressant medications as ordered by physician and monitor for side effects and effectiveness every shift.

Review of the resident's quarterly Minimum Data Set (MDS-a federally mandated assessment tool administered by staff) dated 01/31/25, showed the following:

-Cognitively intact;
-Resident is totally dependent on staff for bed mobility, toileting, personal hygiene, transfers, showering and dressing for upper and lower body.

Review of the resident's January 2025 and February 2025 Physician Order Sheet (POS) showed an order, dated 10/25/24, for apixaban (an anticoagulant) oral tablet 5 milligrams (mg), give one tablet by mouth two times a day for prophylaxis related to cerebral infarction.

Review of the resident's January 2025 and February 2025 Medication Administration Record (MAR) showed the following:

-An order dated 10/25/24, for apixaban oral tablet 5 mg, give one tablet by mouth two times a day for prophylaxis related to cerebral infarction;
-Staff failed to document administering the 5:00 P.M. dose on 01/15/25, 01/18/25, 01/19/25 and

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F 684	Continued From page 3 01/22/25; -Staff did not document administering the 8:00 A.M. and 5:00 P.M. doses on 02/01/25 and the 5:00 P.M. dose on 02/02/25. Review of the resident's January 2025 and February 2025 POS showed an order, dated 10/25/24, for pantoprazole sodium tablet (used to treat acid reflux) delayed release 40 mg, give one tablet by mouth two times a day for acid reflux. Review of the resident's January 2025 and February 2025 MAR showed the following: -An order, dated 10/25/24, for pantoprazole sodium tablet delayed release 40 mg, give one tablet by mouth two times a day for acid reflux; -Staff did not document administering the 5:00 P.M. dose on 01/15/25, 01/18/25, 01/19/25 and 01/22/25; -Staff did not document administering the 8:00 A.M. and 5:00 P.M. doses on 02/01/25 and the 5:00 P.M. dose on 02/02/25. Review of the resident's January 2025 and February 2025 POS showed an order, dated 10/25/24, for ziprasidone (antipsychotic) HCl oral capsule 40 mg, give 40 mg by mouth two times a day for psychosis with meals. Review of the resident's January 2025 and February 2025 MAR showed the following: -An order, dated 10/25/24, for ziprasidone HCl oral capsule 40 mg, give 40 mg by mouth two times a day for psychosis with meals; -Staff did not document administering the 5:00 P.M. dose on 01/15/25, 01/18/25, 01/19/25 and 01/22/25;	F 684		

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F 684	Continued From page 4 -Staff did not document administering the 8:00 A.M. and 5:00 P.M. doses on 02/01/25 and the 5:00 P.M. dose on 02/02/25. Review of the resident's February 2025 POS showed an order, dated 10/25/24, for allopurinol (an antigout medication) oral tablet 100 mg, give one tablet by mouth one time a day for gout. Review of the resident's February 2025 MAR showed the following: -An order dated 10/25/24, for allopurinol oral tablet 100 mg, give one tablet by mouth one time a day for gout; -Staff did not document administering the 8:00 A.M. dose on 02/01/25. Review of the resident's February 2025 POS showed an order, dated 11/17/24, for cetirizine (an antihistamine) hydrochloride (HCl) tablet 10 mg, give one tablet by mouth one time a day for allergy symptoms. Review of the resident's February 2025 MAR showed the following: -An order, dated 11/17/24, for cetirizine hydrochloride (HCl) tablet 10 mg, give one tablet by mouth one time a day for allergy symptoms; -Staff did not document administering the 8:00 A.M. dose on 02/01/25. Review of the resident's February 2025 POS showed an order, dated 10/25/24, for ferrous sulfate tablet (iron) 325 mg, give one tablet by mouth one time a day for anemia. Review of the resident's February 2025 MAR	F 684		

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showed the following:

-An order, dated 10/25/24, for ferrous sulfate tablet 325 mg, give one tablet by mouth one time a day for anemia;
-Staff did not document administering the 8:00 A.M. dose on 02/01/25.

Review of the resident's February 2025 POS showed an order, dated 10/25/24, for glycolax powder (used to treat constipation), give 17 grams by mouth one time a day for constipation in eight ounces of fluid.

Review of the resident's February 2025 MAR showed the following:

-An order, dated 10/25/24, for glycolax powder, give 17 grams by mouth one time a day for constipation in eight ounces of fluid;
-Staff did not document administering the 8:00 A.M. dose on 02/01/25.

Review of the resident's February 2025 POS showed an order, dated 11/05/24, for lidocaine (pain control medication) external patch 5%, apply to right hip topically one time a day for pain on 12 hours then off 12 hours.

Review of the resident's February 2025 MAR showed the following:

-An order, dated 11/05/24, for lidocaine external patch 5%, apply to right hip topically one time a day for pain on 12 hours then off 12 hours;
-Staff did not document administering the 8:00 A.M. dose on 02/01/25.

Review of the resident's February 2025 POS

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showed an order, dated 10/25/24, for metoprolol succinate (an antihypertensive medication) extended release 24-hour oral tablet 50 mg, give one tablet by mouth one time a day for hypertension.

Review of the resident's February 2025 MAR showed the following:

-An order, dated 10/25/24, for metoprolol succinate extended release 24-hour oral tablet 50 mg, give one tablet by mouth one time a day for hypertension;
-Staff did not document administering the 8:00 A.M. dose on 02/01/25.

Review of the resident's February 2025 POS showed an order, dated 10/25/24, for sertraline HCl (an antidepressant) oral tablet 100 mg, give one tablet one time a day for depression.

Review of the resident's February 2025 MAR showed the following:

-An order, dated 10/25/24, for sertraline HCl oral tablet 100 mg, give one tablet one time a day for depression;
-Staff did not document administering the 8:00 A.M. dose on 02/01/25.

Review of the resident's February 2025 POS showed an order, dated 10/25/24, for tamsulosin HCl (used to treat BPH (condition where the prostate gland enlarges, causing urinary problems)) oral capsule 0.4 mg, give one capsule by mouth one time a day for prophylaxis.

Review of the resident's February 2025 MAR showed the following:

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-An order, dated 10/25/24, for tamsulosin HCl oral capsule 0.4 mg, give one capsule by mouth one time a day for prophylaxis;
-Staff did not document administering the 8:00 A.M. dose on 02/01/25.

Review of the resident's January 2025 and February 2025 nurses' notes showed staff did not document related to the medications that were not administered as ordered.

2. Review of Resident #2's face sheet showed the following:

-Admission date 10/29/24;
-Diagnoses included spondylosis with myelopathy (condition where the spinal cord is compressed due to degenerative changes in the spine), cervical disc disorder with myelopathy (condition that occurs when the spinal cord in the neck is compressed) depression, generalized anxiety disorder, neuropathy (weakness, numbness, and pain from nerve damage, usually in the hands and feet), and repeated falls.

Review of the resident's quarterly MDS, dated 02/05/25, showed resident was cognitively intact and
required substantial assistance with toileting and lower body dressing.

Review of the resident's care plan, last revised on 02/10/25, showed the following:

-Resident was at risk for uncontrolled pain. Staff to administer analgesic medication as ordered by physician and monitor/document side effects and effectiveness every shift;

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F 684	Continued From page 8 -Resident used antidepressant medication. Staff to administer antidepressant medications as ordered by physician, monitor/document side effects and effectiveness every shift. Review of the resident's January 2025 and February 2025 POS showed an order, dated 10/29/24, for celecoxib (an antiinflamatory) oral capsule 200 mg, give one capsule by mouth two times a day for pain. Review of the resident's January 2025 and February 2025 MAR showed the following: -An order, dated 10/29/24, for celecoxib oral capsule 200 mg, give one capsule by mouth two times a day for pain; -Staff did not document administrating the 9:00 A.M. dose on 01/22/25; -Staff did not document administrating the 9:00 A.M. dose on 02/01/25. Review of the resident's January 2025 and February 2025 POS showed an order, dated 10/29/24, for duloxetine HCl (an antidepressant) capsule delayed release sprinkle 30 mg, give one capsule by mouth one time a day for depression. Review of the resident's January 2025 and February 2025 MAR showed the following: -An order, dated 10/29/24, for duloxetine HCl capsule delayed release sprinkle 30 mg, give one capsule by mouth one time a day for depression; -Staff did not document administrating the morning dose on 01/22/25; -Staff did not document administrating the morning dose on 02/01/25.	F 684		

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Review of the resident's January 2025 and February 2025 POS showed an order, dated 10/29/24, for gabapentin (an anticonvulsant) oral tablet 600 mg, give one tablet by mouth three times a day for neuropathy.

Review of the resident's January 2025 and February 2025 MAR showed the following:

-An order, dated 10/29/24, for gabapentin oral tablet 600 mg, give one tablet by mouth three times a day for neuropathy;
-Staff did not document administering the morning and noon dose on 01/22/25;
-Staff did not document administering the morning and noon dose on 02/01/25.

Review of the resident's January 2025 and February 2025 POS showed an order, dated 11/27/24, for lidoderm patch 5%, apply to bottom of feet topically one time a day for pain related to cervical disorder with myelopathy.

Review of the resident's January 2025 and February 2025 MAR showed the following:

-An order, dated 11/27/24, for Lidoderm patch 5%, apply to bottom of feet topically one time a day for pain related to cervical disorder with myelopathy;
-Staff did not document administering the morning dose on 01/22/25;
-Staff did not document administering the morning dose on 02/01/25.

Review of the resident's January 2025 and February 2025 POS showed an order,dated 10/29/24, for pantoprazole sodium tablet delayed release 40 mg, give one tablet by mouth one time

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a day for acid reflux.

Review of the resident's January 2025 and February 2025 MAR showed the following:

-An order, dated 10/29/24, for pantoprazole sodium tablet delayed release 40 mg, give one tablet by mouth one time a day for acid reflux;
-Staff did not document administering the morning dose on 01/22/25;
-Staff did not document administering the morning dose on 02/01/25.

Review of the resident's January 2025 and February 2025 nurses' notes showed staff did not document related to the medications that were not administered as ordered.

3. Review of Resident #3's face sheet showed the following:

-Admission date 04/23/24;
-Diagnoses included acute and chronic respiratory failure with hypoxia (a medical condition where the lungs are unable to adequately exchange oxygen, leading to a dangerously low level of oxygen blood), acute and chronic respiratory failure with hypercapnia (a condition where the body has too much carbon dioxide in the bloodstream), chronic obstructive pulmonary disease (COPD - a group of lung diseases that block airflow and make it difficult to breathe), congestive heart failure (CHF - a chronic condition in which the heart doesn't pump blood as well as it should), high blood pressure, obstructive sleep apnea (intermittent airflow blockage during sleep), pneumonia, post-traumatic stress disorder (PTSD - a disorder in which a person has difficulty recovering after

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experiencing or witnessing a terrifying event), peripheral vascular disease (a circulatory condition in which narrowed blood vessels reduce blood flow to the limbs), fibromyalgia (a long-term condition that involves widespread body pain and tiredness), pulmonary embolism with acute cor pulmonale (situation where a blood clot lodges in the lung artery, causing a sudden strain on the right ventricle of the heart, leading to acute right-sided heart failure) low back pain, generalized anxiety disorder, and gastroesophageal reflux disease symptoms (GERD-acid reflux).

Review of the resident's significant change MDS, dated 12/26/24, showed the resident was cognitively intact and independent with ADL's except required supervision for showering.

Review of resident's care plan, last revised 02/14/25, showed the following:

-Resident had a history of CHF. Staff to give medications as ordered;
-Resident had a history of high blood pressure. Staff to give blood pressure medication as ordered and monitor for side effects;
-Resident had history of GERD. Staff to give medications as ordered and monitor/document side effects and effectiveness;
-Resident had a history of receiving diuretic therapy. Staff to administer diuretic medications as ordered by physician and monitor for side effects and effectiveness every shift;
-Resident used anti-depressant medication. Staff to administer anti-depressant medications as ordered by physician and monitor/document side effects and effectiveness every shift;
-Resident used anti-anxiety medications. Staff to

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administers anti-anxiety medications as ordered by physician and monitor for side effects and effectiveness every shift;
-Resident was on anticoagulant therapy. Staff to administer anticoagulant medications as ordered by physician and monitor for side effects and effectiveness every shift.

Review of the resident's January 2025 and February 2025 POS showed an order, dated 11/12/24, for Zithromax (antibiotic) oral tablet 250 mg, give one tablet by mouth one time a day related to pneumonia unspecified organism.

Review of the resident's January 2025 and February 2025 MAR showed the following:

-An order, dated 11/12/24, for Zithromax oral tablet 250 mg, give one tablet by mouth one time a day related to pneumonia unspecified organism;
-Staff did not document administering the 8:00 A.M. dose on 01/19/25;
-Staff did not document administrating the 8:00 A.M. dose on 02/01/25.

Review of the resident's January 2025 and February 2025 POS showed an order, dated 10/08/24, for alprazolam oral tablet 0.5, give one tablet by mouth two times a day for anxiety.

Review of the resident's January 2025 and February 2025 MAR showed the following:

-An order, dated 10/08/24, for alprazolam oral tablet 0.5, give one tablet by mouth two times a day for anxiety;
-Staff did not document administering the 5:00 P.M. doses on 01/14/25, 01/15/25, 01/18/25,

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F 684	Continued From page 13 01/19/25, and 01/22/25; -Staff did not document administering the 5:00 P.M. doses on 02/01/25. Review of the resident's January 2025 and February 2025 POS showed an order, dated 10/08/24, for bumetanide (diuretic) oral tablet 0.5 mg, give one tablet by mouth two times a day related to CHF. Review of the resident's January 2025 and February 2025 MAR showed the following: -An order, dated 10/08/24, for bumetanide oral tablet 0.5 mg, give one tablet by mouth tow times a day related to congestive heart failure; -Staff did not document administering the 5:00 P.M. doses on 01/14/25, 01/15/25, 01/19/25, and 01/22/25; -Staff did not document administering the 5:00 P.M. dose on 02/01/25. Review of the resident's January 2025 and February 2025 POS showed an order, dated 10/08/24, for buspirone HCl (an antianxiety medication) oral tablet 15 mg, give one tablet by moth two times a day related to PTSD. Review of the resident's January 2025 and February 2025 MAR showed the following: -An order, dated 10/08/24, for buspirone HCl oral tablet 15 mg, give one tablet by moth two times a day related to post-traumatic stress disorder; -Staff did not document administrating the 5:00 P.M. doses on 01/14/25, 01/15/25, 01/19/25, 01/22/25; -Staff did not document administrating the 5:00 P.M. dose on 02/01/25.	F 684		

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Review of the resident's January 2025 and February 2025 POS showed an order, dated 10/07/24, for Eliquis (anticoagulant) oral tablet 5 mg, give one tablet by mouth two times day related to pulmonary embolism with acute cor pulmonale.

Review of the resident's January 2025 and February 2025 MAR showed the following:

-An order, dated 10/07/24, for Eliquis oral tablet 5 mg, give one tablet by mouth two times day related to pulmonary embolism with acute cor pulmonale;
-Staff did not document administering the morning dose on 01/19/25;
-Staff did not document administering the morning dose on 02/01/25.

Review of the resident's January 2025 and February 2025 POS showed an order, dated 10/08/24, for aspirin oral capsule 81 mg, give one capsule by mouth one time a day related to peripheral vascular disease.

Review of the resident's January 2025 and February 2025 MAR showed the following:

-An order, dated 10/08/24, for aspirin oral capsule 81 mg, give one capsule by mouth one time a day related to peripheral vascular disease;
-Staff did not document administering the morning dose on 01/19/25;
-Staff did not document administering the morning dose on 02/01/25.

Review of the resident's January 2025 and February 2025 POS showed an order, dated

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F 684	Continued From page 15 10/08/24, for duloxetine HCl (an antidepressant) oral capsule delayed release particles 60 mg, give one capsule by mouth one time a day related to PTSD. Review of the resident's January 2025 and February 2025 MAR showed the following: -An order, dated 10/08/24, for duloxetine HCl oral capsule delayed release particles 60 mg, give one capsule by mouth one time a day related to post-traumatic stress disorder; -Staff did not document administering the morning dose on 01/19/25; -Staff did not document administering the morning dose on 02/01/25. Review of the resident's January 2025 POS showed an order, dated for 10/26/24, for ferrous sulfate tablet 325 mg, give one tablet by mouth one time a day for low iron. Review of the resident's January 2025 MAR showed the following: -An order, dated 10/26/24, for ferrous sulfate tablet 325 mg, give one tablet by mouth one time a day for low iron; -Staff did not document administering the morning dose on 01/19/25. Review of the resident's January 2025 and February 2025 POS showed an order, dated 12/13/24, for metoprolol succinate extended release 24-hour tablet 50 mg, give one tablet by mouth one time a day for high blood pressure. Review of the resident's January 2025 and February 2025 MAR showed the following:	F 684		

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F 684	Continued From page 16 -An order, dated 12/13/24, for metoprolol succinate extended release 24-hour tablet 50 mg, give one tablet by mouth one time a day for high blood pressure; -Staff did not document administering the morning dose on 01/19/25; -Staff did not document administering the morning doses on 02/01/25 and 02/02/25. Review of the resident's January 2025 and February 2025 POS showed an order, dated 10/08/24, for pantoprazole sodium tablet delayed released 20 mg, give one tablet by mouth one time a day related to GERD. Review of the resident's January 2025 and February 2025 MAR showed the following: -An order, dated 10/08/24, for pantoprazole sodium tablet delayed released 20 mg, give one tablet by mouth one time a day related to GERD; -Staff did not document administering the morning dose on 01/19/25; -Staff did not document administering the morning doses on 02/01/25 and 02/02/25. Review of the resident's January 2025 and February 2025 POS showed an order, dated 10/08/24, for spironolactone (a diuretic) oral table 25 mg, give one tablet by mouth one time a day related to high blood pressure. Review of the resident's January 2025 and February 2025 MAR showed the following: -An order dated 10/08/24, for spironolactone oral table 25 mg, give one tablet by mouth one time a day related to high blood pressure;	F 684		

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F 684	Continued From page 17 -Staff did not document administering the morning dose on 01/19/25; -Staff did not document administering the morning dose on 02/01/25. Review of the resident's January 2025 POS showed an order, dated 10/15/24, for pregabalin (an anticonvulsant) oral capsule 150 mg, give one capsule by moth two times a day related to fibromyalgia. Review of the resident's January 2025 MAR showed the following: -An order, dated 10/15/24, for pregabalin oral capsule 150 mg, give one capsule by moth two times a day related to fibromyalgia; -Staff did not document administering the 9:00 A.M. doses on 01/18/25 and 01/19/25. Review of the resident's January 2025 POS showed an order, dated 10/08/24, for tramadol HCl oral tablet 50 mg, give one tablet by mouth two times a day for pain. Review of the resident's January 2025 MAR showed the following: -An order, dated 10/08/24, for tramadol HCl oral tablet 50 mg, give one tablet by mouth two times a day for pain; -Staff did not document the pain level and administering the 5:00 P.M., dose on 01/14/25, 01/15/25, 01/18/25, 01/19/25, and 01/22/25. Review of the resident's January 2025 and February 2025 nurses' notes showed staff did not document related to the medications that were not administered as ordered.	F 684		

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F 684	Continued From page 18 4. During an interview on 02/21/25, at 10:52 A.M., Certified Medication Technician (CMT) F said the following: -Staff document medication administration in the MAR; -CMT's administer scheduled medications only; -Staff will either check yes in the MAR if a medication is administered or no and then the applicable code for why the medication was not administered such as resident refused or was out of the facility; -If there is a blank space on the MAR for documenting medication administration, it either means the medication was not administered or there was no documentation of any type. During an interview on 02/14/25, at 3:23 P.M., Licensed Practical Nurse (LPN) D said the following: -Staff document medication administration in the MAR; -The MAR should not contain blank spaces for scheduled medication; -Staff should check no if not administered and then enter whatever code is applicable such as out of the facility. During an interview on 02/21/25, at 3:02 P.M., the Director of Nursing (DON) said the following: -Staff document medication administration in the MAR; -CMTs and nurses administer medications, CMTs only administer scheduled meds and nurses administer both scheduled and as needed (PRN); -Staff should choose either yes or no in the MAR	F 684		

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F 684	Continued From page 19 when documenting medication administration; -If the medication was not administered choosing no will then require a code for the reason such as refused or out of the facility; -A blank space on the MAR would indicate staff either did not administer the medication or did not document administration of the medication; -Management goes over MAR information during morning meetings, but a blank space would not trigger a concern. During an interview on 02/21/25, at 4:47 A.M., the Administrator said the following: -Staff administer medications according to the MAR and document the administration in the MAR; -Staff either check yes or no in the MAR and if no must give a reason with the applicable code.	F 684		
	MO00249332			
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the facility failed to keep residents free from accident hazards when staff failed to provide care with two staff as trained and care planned for one resident	F 689		

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(Resident #1) resulting in a fall and fracture. The facility census was 43.

Review of the facility policy titled, "Safe Lifting and Movement of Residents," revised July 2017, showed the following:

-In order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses appropriate techniques and devices to lift and move residents;
-Resident safety, dignity, comfort, and medical condition will be incorporated into goals and decisions regarding the safe lifting and moving of residents;
-Manual lifting of residents shall be eliminated when feasible;
-Nursing staff, in conjunction with the rehabilitation staff, shall assess individual residents' needs for transfer assistance on an ongoing basis. Staff will document resident transferring and lifting needs in the care plan. Such assessment shall include resident preferences for assistance, resident mobility (degree of dependency), resident's size, weight-bearing ability, cognitive status, whether the resident is usually cooperative with staff and the resident's goals for rehabilitation, including restoring or maintaining functional abilities;
-Staff responsible for direct resident care will be trained in the use of manual (gait/transfer belts, lateral boards) and mechanical lifting devices;
-Only staff with documented training on the safe use and care of the machines and equipment used in this facility will be allowed to lift or move residents;
-Safe lifting and movement of resident is part of an overall facility employee health and safety program which involves employees in identifying

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problem areas and implementing workplace safety and injury-prevention strategies, addresses reports of workplace injuries, provides training on safety, ergonomics and proper use of equipment and continually evaluates the effectiveness of workplace safety and injury-prevention strategies.

1. Review of the Resident #1's face sheet (a brief resident profile) showed the following:

-Admission date of 10/24/24;
-Diagnoses included cerebral infarction (stroke), obstructive sleep apnea, congestive heart failure (CHF - a long-term condition where the heart can't pump blood well enough to give the body a normal supply), high blood pressure, metabolic encephalopathy (group of conditions that cause brain dysfunction), and acute respiratory failure with hypoxia (low levels of oxygen in the body tissues).

Review of the resident's care plan, last revised on 12/02/24, showed the following:

-Resident was at risk for falls;
-Staff to assist resident with ambulation and transfers, utilizing therapy recommendations;
-Determine resident's ability to transfer;
-Evaluate fall risk on admission and as needed;
-Resident had an activities of daily living (ADL) self-care performance deficit and was totally dependent on staff for repositioning and turning in bed every two hours and as necessary;
-Resident requires a mechanical lift with assistance of two staff for transfers;
-Resident had altered cardiovascular status and received oxygen via nasal cannula as directed by physician;
-Resident was on anticoagulant (medication that

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slows blood clotting) medication that therapy related to diagnosis of atrial fibrillation (irregular heart beat);
-Administer anticoagulant medications as ordered by physician and monitor for side effects and effectiveness every shift.

Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment tool completed by staff), dated 01/31/25, showed the following:

-Cognitively intact;
-Resident was totally dependent on staff for bed mobility, toileting, personal hygiene, transfers, showering and dressing for upper and lower body.

Review of the facility's investigation summary, dated 02/17/25, showed the following:

-An alert resident (Resident #1) turned on his/her call light for assistance to be cleaned up. Nurse Assistant (NA) C told the resident he/she had to go get some assistance as he/she was not supposed to provide care alone. The NA felt the resident implied he/she wanted to make him/her wait for care;
-NA C retrieved the cleaning supplies and instructed the resident to turn towards him/her to provide care, and the resident turned the opposite direction, towards the wall and fell on the floor;
-NA C was re-educated on providing care to the resident with the assistance of another nurse aide. NA C was given a corrective action for performing a nursing function he/she had been educated upon hire not to perform alone.

Review of the resident's progress notes showed

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F 689	Continued From page 23 the following: -On 02/10/25, at 7:41 A.M., the nurse was called into the resident's room by the aide because the resident rolled out of bed while being changed at 12:20 A.M. The aide told the nurse the resident demanded to be changed and refused to wait for assistance for the aide. The resident lifted his/her hips and rolled toward the door after the aide had told the resident to roll toward him/her and the window. Nurse assessed resident from head to toe and found no injuries. Resident complaint of 8 out of 10 on pain scale in left arm and was unable to lift the arm. Staff contacted the physician and received orders to send the resident to the emergency room (ER) for an x-ray. Emergency medical services (EMS) was called at 12:45 A.M. The resident left the facility for the ER via ambulance at 1:02 A.M.; -On 02/10/25, at 8:17 A.M., nurse spoke with ER nurse at 2:39 A.M., confirming the resident had a fracture to the left humerus (upper arm bone) head. Resident returned to the facility at 3:07 A.M., wearing immobilizer to left arm and orders to follow up with orthopedic surgery at next available appointment. During an interview on 02/13/25, at 1:32 P.M., the resident said a staff member was changing his/her brief and got him/her too close to the edge of the bed, and he/she fell and broke his/her shoulder. There should have been two staff members assisting him/her. During an interview on 02/14/25, at 2:17 P.M., NA C said the following: -He/she was hired on 11/29/24 and had not started CNA classes;	F 689		

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F 689	Continued From page 24 -The resident required two staff for transfers, and this information could be found on the back of the room door; -He/she was trained if a resident was a two staff assist for transfers then two staff are required for changing a brief; -He/she answered the resident's call light, and the resident wanted changed right then. He/she said assistance was required. The resident insisted for him/her to change the resident right then; -He/she began to change the resident with no assistance and the resident rolled the opposite way as directed and fell with his/her arm hitting the oxygen concentrator. During an interview on 02/18/25, at 1:46 P.M., NA D said the following: -Physical therapy developed a sheet that is on the back of the resident's doors showing if the residents are independent, one staff assist, or two staff assist; -If a resident required two staff for transfer, two staff should also be required to change the resident; -The resident required two staff for changing and for other cares; -He/she was given this information during report since the resident admitted; -He/she has changed the resident alone a few times due to the resident's impatience. During an interview on 02/20/25, at 2:52 P.M., NA E said the following: -Residents have papers on the back of their doors indicating if they require one person or two person assist, and this information is also listed in the care plan book at the nurses' station;	F 689		

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-If a resident required two staff for transfer, then two staff should also be required to change the resident;
-The resident required two staff to assist with a mechanical lift and two staff to assist with changing;
-He/she had changed the resident alone once or twice because the resident did not have the patience to wait for him/her to get assistance;
-Staff should not change the resident without assistance because it was not safe.

During an interview on 02/14/25, at 1:28 P.M., Certified Nurse Assistant (CNA) A said the following:

-The resident required a mechanical transfer with two staff assisting;
-The resident required two staff to change his/her brief and staff should not change him/her with only one staff;
-Staff have walkies to call for assistance.

During an interview on 02/14/25, at 1:54 P.M., CNA B said the following:

-The resident was a two person assist for changing because he/she was unable to physically roll him/her without assistance;
-The staff member assisting the resident with changing during the fall should have waited for help.

During an interview on 02/21/25, at 10:52 A.M., Certified Medication Technician (CMT) F said the following:

-The resident was a two staff assist with all cares, and he/she would not change the resident without

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assistance;
-NA's should not change the resident without assistance, it is a safety concern.

During an interview on 02/14/25, at 3:23 P.M., Licensed Practical Nurse (D) said the following:

-The resident required two staff for transfers and changing briefs, which was a nursing judgement prior to the fall based on his/her size and lack of mobility;
-Aides are educated about resident requirements for transfers and changing. There are signs on the back of the resident's rooms, and if mechanical lift is checked staff should know two staff are required for changing and transferring;
-NA's should not be changing the resident alone.

During an interview on 02/21/25, at 11:53 A.M., Physical Therapist (PT) G said the following:

-He/she assessed the resident upon admission, and the resident was totally dependent on staff, required mechanical transfers, and was wheelchair bound;
-Therapy completed transfer sheets on all residents to assist staff with providing the appropriate care;
-Two staff members should change the resident's brief for safety reasons.

During an interview on 02/20/25, at 3:52 P.M., the resident's physician said the following:

-The resident would not be a one staff assist due to his/her size and not always following directions;
-It would not be safe to transfer the resident, or roll the resident in bed with one staff assist.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADAIR VILLAGE	**1801 NORTH GAINES DRIVE CLINTON, MO 64735**

(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 689	Continued From page 27 During an interview on 02/21/25, at 3:02 P.M., the Director of Nursing said the resident required a mechanical lift with assistance of two staff. During an interview on 02/21/25, at 4:10 P.M., the Regional Nurse Consultant said if a resident required two staff assist for cares, two staff should complete brief changing. During an interview on 02/21/25, at 4:47 P.M., the Administrator said the following: -Staff know how to transfer residents from the care plan and the transfer sheets on the door completed by therapy; -Mechanical lift and sit to stand requires two staff for assistance; -Staff are encouraged to provide care in pairs with the resident because he/she yells and was demanding; -The NA should have waited for assistance before changing the resident's brief due to his/her behaviors and for safety.	F 689		
F 692 SS=D	MO00249332 Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or	F 692		

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F 692	Continued From page 28 desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the facility failed to ensure all residents received recommended interventions to help maintain acceptable parameters of nutritional status when staff failed to document administering a dietary supplement per physician's order for one resident (Resident #4). The facility census was 43. Review of the facility's policy titled, "Weight Assessment and Intervention," revised March 2022, showed the following: -Residents are weighed upon admission and at intervals established by the interdisciplinary team; -Weights are recorded in each unit's weight record chart and in the individual's medical record; -The threshold for significant unplanned and undesired weight loss will be based on the following criteria; one month 5% weight loss is significant and greater than 5% is severe, 7.5% weight loss is significant and greater than 7.5% is severe, six-month 10% weight loss is significant and great than 10% is severe; -Undesirable weight change is evaluated by the treatment team whether or not the criteria for	F 692		

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F 692	Continued From page 29	F 692		

"significant" weight change has been met;
-The physician and the multidisciplinary team identify conditions and medications that may be causing anorexia, weight loss, or increasing the risk of weight loss;
-Care planning for weight loss or impaired nutrition is a multidisciplinary effort and includes the physician, nursing staff, the dietician, the consultant pharmacist, and the resident or resident's legal surrogate;
-Individualized care plans shall address, to the extent possible the identified causes of weight loss, goals and benchmarks for improvement, and time frames and parameters for monitoring and reassessment;
-Interventions for undesirable weight loss are based on resident choice and preferences, nutrition and hydration needs of resident, functional factors that may inhibit independent eating, environmental factors that may inhibit appetite or desire to participate in meals, chewing and swallowing abnormalities and the need for diet modifications, medications that may interfere with appetite, chewing, swallowing, or digestion, the use of supplementation and/or feeding tubes, and end of life decision and advance directives.

1. Review of Resident #4's face sheet (a brief resident profile) showed the following:

-Admission date of 01/22/24;
-Diagnoses include dementia, type III traumatic spondylolisthesis of second cervical vertebra, subsequent encounter for fracture with routine healing (severe fracture of the second cervical vertebra), high blood pressure, dysphagia (difficulty swallowing foods or liquids), and repeated falls.

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F 692	Continued From page 30 Review of the resident's weight record showed the resident weighed 109.8 pounds on 09/12/24, and 97.2 pounds on 10/16/24, indicating a 12.6-pound weight loss in a month. Review of the resident's nursing notes showed, dated 10/28/24, showed the Registered Dietician (RD) note the following: -RD reviewed for weight loss. On 10/28/24, resident weighed 100.4 pounds and body mass index (BMI - calculated measure of weight relative to height) was underweight status. Resident lost 10 pounds (9%) in 30 days; 10.5 pounds (9.4%) in 90 days; and 12.8 pounds (11.3%) in 180 days. -Current diet order of regular diet with supplements three times daily with meals and 30 milliliter (ml) 2 Cal (nutritional shake) three times daily with medication pass. Resident does feed self in the dining room with decreased intake at meals. -Recommended staff to add ice cream to shakes three times daily, increase 2 Cal to 60 ml (if resident accepts) and other preferences. Encourage intake of meals, shakes, and snacks. Regular diet follow as appropriate/requested. Review of the resident's annual Minimum Data Set (MDS - a federally mandated assessment tool completed by staff) dated 01/24/25, showed the following: -Moderate cognitive impairment; -Weight of 96 pounds; -Weight loss of 5% in the last month or 10% in the last six month and not on a physician prescribed weight loss program.	F 692		

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F 692	Continued From page 31 Review of the resident's care plan, last reviewed on 02/14/25, showed the following: -Resident had unplanned/unexpected weight loss; -Staff to alert dietician if consumption was poor for more than 48 hours; -Staff to provide 2 Cal supplement three times daily; -Staff to provide resident supplements as ordered and alert nurse/dietician if resident not consuming on a regular basis; -Staff to provide house supplements daily; -If weight decline persists, staff to contact physician and dietician regularly; -Staff to monitor and evaluate any weight loss, determine percentage lost and follow facility protocol weight loss; -Staff to offer substitutes as requested or indicated. Resident prefers breakfast. Review of the resident's current physician order sheet showed the following: -An order, dated 07/30/24, for regular diet with regular texture, regular/thin consistency; -An order, dated 07/30/24, for house supplement with meals; -A current order for 2 Cal supplement 30 ml each medication pass for breakfast, lunch, and dinner with meals to increase calories. Review of the resident's January 2025 Medication Administration Record (MAR) showed the following: -An active order for 2 Cal supplement, 30 ml each medication pass for breakfast, lunch, and dinner with meals to increase calories;	F 692		

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F 692	Continued From page 32 -Staff failed to document administering the 12:00 P.M. supplement on 01/15/25, 01/18/25, 01/19/25, and 01/22/25; -Staff failed to document administering the 5:00 P.M. supplement on 01/14/25, 01/15/25, 01/19/25, and 01/22/25. Review of the resident's January 2025 weights showed the following: -On 01/07/25, 99.6 pounds; -On 01/14/25, 99.4 pounds (a .2 pound loss); -On 01/21/25, 95.6 pounds (a 3.8 pound loss); -On 01/28/25, 98.4 pounds. Review of the resident's February 2025 MAR showed the following: -An active order for 2 Cal supplement, 30 ml each medication pass for breakfast, lunch, and dinner with meals to increase calories; -Staff failed to document administering the 8:00 A.M. supplement on 02/03/25; -Staff failed to document administering the 12:00 P.M. supplement on 02/02/25 and 02/03/25; -Staff failed to document administering the 5:00 P.M. supplement on 02/01/25, 02/02/25, and 02/03/25. Review of the resident's January 2025 weights showed the following: -On 02/05/25, 95.8 pounds; -On 02/12/25, 97 pounds; -On 02/19/25, 94.6 pounds (a one pound loss from 01/21/25); -On 02/20/25, 94.4 pounds (a .2 pound loss). During an interview on 02/21/25, at 1:22 P.M., the	F 692		

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F 692	Continued From page 33 Dietary Manager said the following: -She completed dietary evaluations on every resident upon admission, quarterly, and upon a weight loss trigger; -The resident triggered for a weight loss and was administered a supplemental 2 Cal three times daily on medication pass and received a house shake three times a day with every meal; -The resident drank the shakes and the 2 Cal regularly; -The resident's weight has been staying stable between 93 to 97 pounds. During an interview on 02/21/25, at 1:30 P.M., Certified Medication Technician (CMT) F said the following: -The resident was given 30 ml of 2 Cal three times daily at the medication pass for weight loss; -He/she watched the resident drink the 2 Cal; -The resident only refuses if he/she was very ill, and staff should document the administration and refusals in the MAR. During the interview on 02/21/25, at 1:41 P.M., Licensed Practical Nurse (LPN) D said the following: -The resident received 2 Cal during medication pass three times per day with meals; -He/she observed the resident drink the 2 Cal; -The resident refused the 2 Cal at lunch and dinner at times; -Staff should document the administration or refusals in the MAR. During an interview on 02/21/25, at 3:02 P.M., the Director of Nursing (DON) said the following:	F 692		

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F 692	Continued From page 34 -The resident had weight loss and was receiving 2 Cal at every meal, which should be documented in the MAR; -Blank spaces in the MAR would indicate the 2 Cal was either not documented or not given, which was a concern for a resident with weight loss. During an interview on 02/21/25, at 4:47 P.M., the Administrator said staff should administer the resident's 2 Cal per physician order and document in the MAR.	F 692		
F 695 SS=D	MO00249332 Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the facility failed to provide respiratory care per standards of practice when staff failed to ensure documentation of oxygen administration/checks every shift per physician orders for one resident (Resident #1). The facility census was 43. Review of the facility policy titled, "Oxygen Administration," revised October 2010, showed	F 695		

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F 695	Continued From page 35	F 695		

the following:

-Purpose was to provide guidelines for safe oxygen administration;
-Verify there is a physician's order for the procedure. Review physician's orders or facility protocol for oxygen administration;
-Review the resident's care plan to assess for any special needs of the resident;
-Before administering oxygen, and while the resident is receiving therapy, assess for signs or symptoms of cyanosis (blue tone to the skin and mucous membranes), signs or symptoms of hypoxia (rapid breathing, rapid pulse rate, restlessness, and confusion), signs and symptoms of oxygen toxicity (tracheal irritation, difficulty breathing, or slow, shallow rate of breathing), vital signs, lung sounds, and arterial blood gasses and oxygen saturation.

1. Review of the Resident #1's face sheet (a brief resident profile) showed the following:

-Admission date of 10/24/24;
-Diagnoses include cerebral infarction (stroke), obstructive sleep apnea, congestive heart failure (CHF - a long-term condition where the heart can't pump blood well enough to give the body a normal supply), and acute respiratory failure with hypoxia (low levels of oxygen in the body tissues).

Review of the resident's current physician order sheet showed an order, dated 11/04/24, for oxygen at two-three liters per nasal cannula every shift for shortness of air.

Review of the resident's care plan, last revised on 12/02/24, showed the following:

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F 695	Continued From page 36 -Resident was at risk for ineffective breathing pattern; -Resident had altered cardiovascular status; -Staff to administer oxygen as prescribed or per standing order. Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment tool administered by staff). dated 01/31/25, showed the resident was cognitively intact and received oxygen therapy. Review of the resident's January 2025 Treatment Administration Record (TAR) showed the following: -An order, dated 11/04/24, for oxygen at two-three liters per nasal cannula every shift for shortness of air; -Staff failed to document administration of oxygen on the A.M. shift on 01/01/25, 01/05/25, 01/08/25, 01/11/25, 01/14/25, 01/22/25, and 01/26/25; -Staff failed to document administration of oxygen on the P.M. shift on 01/02/25. Review of the resident's nurses' notes, dated 01/01/25 to 01/31/25, showed staff did not document whey the oxygen administration check was not completed. Review of the resident's February 2025 TAR for showed the following: -An order, dated 11/04/24, for oxygen at two-three liters per nasal cannula every shift for shortness of air; -Staff failed to document administration of oxygen on the A.M. shift on 02/01/25 and 02/12/25.	F 695		

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Review of the resident's nurses' notes, dated 02/01/25 to 02/12/25, showed staff did not document whey the oxygen administration check was not completed.

During an interview on 02/13/25, at 1:32 P.M., the resident said staff have forgotten to put the oxygen nasal cannula back in his/her nose following a mechanical transfer.

During an interview on 02/14/25, at 1:54 P.M., Certified Nurse Aide (CNA) B said nurses document any oxygen administration or checks in the electronic record.

During an interview on 02/21/25, at 10:52 A.M., Certified Medication Tech (CMT) F said nurses complete the oxygen tasks and documentation for the TAR.

During an interview on 02/14/25, at 3:23 P.M., Licensed Practical Nurse (LPN) D said the following:

-If a resident had a physician order for oxygen administration for shortness of breath every shift, the nurse should complete this task and document on the TAR;
-There should not be blank spaces on the TAR where documentation;
-If no check is completed, the nurse should use the applicable code reasoning for not completing such as the code for the resident not in the facility.

During an interview on 02/21/25, at 3:02 P.M., the Director of Nursing (DON) said the following:

-Nurses complete the tasks and documentation

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F 695	Continued From page 38 on the TAR; -There should be no blank spaces on the TAR for oxygen checks as this would mean the task was not completed. During an interview on 02/21/25, at 4:47 P.M., the Administrator said the following: -If a resident had a physician order for oxygen administration/checks every shift, staff should document checks in the TAR, and if not checked, staff should document the reason.	F 695		
F 728 SS=E	MO00249332 Facility Hiring and Use of Nurse Aide CFR(s): 483.35(d)(1)-(3) §483.35(d) Requirement for facility hiring and use of nurse aides- §483.35(d)(1) General rule. A facility must not use any individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, unless- (i) That individual is competent to provide nursing and nursing related services; and (ii)(A) That individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State as meeting the requirements of §483.151 through §483.154; or (B) That individual has been deemed or determined competent as provided in §483.150(a) and (b). §483.35(d)(2) Non-permanent employees. A facility must not use on a temporary, per diem, leased, or any basis other than a permanent employee any individual who does not meet the	F 728		

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F 728	Continued From page 39 requirements in paragraphs (d)(1)(i) and (ii) of this section. §483.35(d)(3) Minimum Competency A facility must not use any individual who has worked less than 4 months as a nurse aide in that facility unless the individual- (i) Is a full-time employee in a State-approved training and competency evaluation program; (ii) Has demonstrated competence through satisfactory participation in a State-approved nurse aide training and competency evaluation program or competency evaluation program; or (iii) Has been deemed or determined competent as provided in §483.150(a) and (b). This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to have a system in place to ensure nurses aides (NA) completed their training, competencies, and testing in a timely manner when two NA's failed to complete a state approved certified nursing assistant (CNA) training program, competency evaluation, and certification within four months of hire and continued to work providing care to residents. The facility census was 43. Review of the facility policy titled, "Nurse Aide Qualifications and Training Requirements," revised August 2022, showed the following: -Nurse aides must undergo a state-approved training program; -A nurse aide is any individual providing nursing or nursing-related services to residents in a facility; -In keeping with the Omnibus Budget Reconciliation Act of 1987 (OBRA), the facility will	F 728		

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F 728	Continued From page 40 only employ those nurse aides who meet the requirements set forth in the federal and state statutes concerning the staffing of long-term care facilities; -The facility will not employee any individual as a nurse aide for more than four months full-time, temporary, per diem, or otherwise, unless that individual is competent to provide designated nursing care and nursing related service and has completed a training program and competency evaluation program or a competency evaluation program approved by the state or has been deemed competent as provided in 483.150 (a) and (b) of the requirements of participation; -Nursing assistants failing to successfully complete the required training program within the first four months of their date of employment may be terminated from employment or may be reassigned to non-nursing related services. 1. Review of a facility list of current nurse aides showed NA D had a hire date of 08/05/24 (over four months prior). During an interview on 02/18/25, at 1:46 P.M., NA D said the following: -He/she was hired in August of 2024; -He/she began CNA classes toward the end of October of 2024 and completed the classes at the end of January 2025; -He/she was scheduled to take the CNA test on 03/03/25. Review of the state agency CNA registry website, on 02/26/25, showed NA D was not listed as a CNA. 2. Review of a facility list of current nurse aides	F 728		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265347	A. BUILDING _____ B. WING _____	C 02/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADAIR VILLAGE	**1801 NORTH GAINES DRIVE CLINTON, MO 64735**

(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 728	Continued From page 41 showed NA E had a hire date of 08/13/24 (over four months prior). During an interview on 02/20/25, at 2:53 P.M., NA E said the following: -He/she was hired in August of last year; -He/she began taking CNA classes in October of 2024, and completed the classes 01/25/25; -He/she was scheduled to take the CNA test on 03/03/25; -He/she has worked the floor since hire and was paired with a CNA for about five days. Observations on 02/13/25, and 02/21/25, showed NA E provided direct care to residents. Review of the state agency CNA registry website, on 02/26/25, showed NA D was not listed as a CNA. 3. During an interview on 02/21/25, at 4:10 P.M., the CNA Instructor said NAs should be certified within 120 days of employment. Four NA's finished classes at the end of January 2025 and will test at beginning of March 2025. During an interview on 02/21/25, at 4:47 P.M., the Administrator said NAs should begin CNA classes within four months of their hire date. MO00249332	F 728		

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
	08521	A. BUILDING: _____ B. WING _____	C 02/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADAIR VILLAGE	1801 NORTH GAINES DRIVE CLINTON, MO 64735

(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
A4023	19 CSR 30-85.042(21)(A) NA Training Complete In 4 mos All nursing assistants shall successfully complete the entire basic course (including passing the final examination) of the nursing assistant training program and be certified within four (4) months of employment. II/III This regulation is not met as evidenced by: Class II 1. Please refer to F728. *The higher classification merited due to impact when combined with other deficiencies. MO00249332	A4023		
A4055	19 CSR 30-85.042(46) Safe/Effective Medication System There shall be a safe and effective system of medication distribution, administration, control, and use. I/II This regulation is not met as evidenced by: Class II 1. Please refer to F684. MO00249332	A4055		
A4074	19 CSR 30-85.042(65) Protective Oversight, Voluntary Leave Each resident shall receive twenty-four- (24-) hour protective oversight and supervision. For residents departing the premises on voluntary	A4074		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	08521	A. BUILDING: _____ B. WING _____	C 02/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADAIR VILLAGE	1801 NORTH GAINES DRIVE CLINTON, MO 64735

(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
A4074	Continued From page 1 leave, the facility shall have, at a minimum, a procedure to inquire of the resident or resident's guardian of the resident's departure, of the resident's estimated length of absence from the facility, and of the resident's whereabouts while on voluntary leave. I/II This regulation is not met as evidenced by: Class II 1. Please refer to F689. MO00249332	A4074		
A4075	19 CSR 30-85.042(66) Nursing Care per Res Condition Each resident shall receive personal attention and nursing care in accordance with his/her condition and consistent with current acceptable nursing practice. I/II This regulation is not met as evidenced by: Class II 1. Please refer to F689. 2. Please refer to F695. MO00249332	A4075		
A5001	19 CSR 30-85.052(1) Nutritional Needs Met, Assess Res, Inform Dr Each resident shall be served nutritious food, properly prepared and appropriately seasoned, taking into consideration resident food preferences, to provide an adequate diet in accordance with the physician ' s order and as	A5001		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	08521	A. BUILDING: _____ B. WING _____	C 02/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADAIR VILLAGE	1801 NORTH GAINES DRIVE CLINTON, MO 64735

(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
A5001	Continued From page 2 recommended by the National Research Council. Nutritional needs of residents shall be met and shall be based on the individual ' s circumstances, medical condition and goals of treatment as determined and justified by the physician. A qualified professional, such as a dietitian or registered nurse, shall regularly assess these needs and shall keep the physician informed of the nutritional status of the resident. I/II This regulation is not met as evidenced by: Class II 1. Please refer to F692. MO00249332	A5001		

Provider/Supplier Name:	**Adair Village**
Street Address, City, Zip:	1801 North Gaines Drive Clinton, MO 64735
Date of Survey:	2/21/25

Preparation and execution of the Plan of Correction does not constitute an admission or agreement to the allegation or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is requested by State and Federal Law. None of the actions taken by the facility pursuant to its Plan of Corrections should be considered an admission that a deficiency existed, or additional / measures should have been in place at all time of survey.

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		265149
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 prepared and executed because it is required by the provisions of the state and federal regulations and not because Adair Village agrees with the allegations and citations listed on the statement of deficiencies. Adair Village maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by the regulation. This plan of correction shall operate as Adair Village's written credible allegation of compliance. By Submitting this plan of correction, Adair Village does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Adair Village reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action, or proceeding.	4/5/2025
F-684	Resident #1 no longer resides at the facility, no adverse effects/ negative outcome from the alleged deficient practice. Resident will have medications administered per Physician's order. Resident #2 had no adverse effects/ negative outcome from the alleged deficient practice. Resident will have medications administered per Physician's order.	4/5/2025

	Resident #3 had no adverse effects/ negative outcome from the alleged deficient practice. Resident will have medications administered per Physician's order. Facility residents have the potential to be affected by the alleged deficient practice. Education will be completed by the Director of Nursing and/or Designee on documentation of when a resident is out of the facility, following physician's order for medication Administration, and Administering medication per physician's order, and documenting administration of the medication. This education will be completed for Registered Nurses, Licensed Nurses, and Certified Medication Technicians. This will be completed by the compliance date. The DON and/or Designee will complete an audit of Medication administration and missed medications, this will be completed 3-5 times per week x4, weekly x4, and ongoing to validate compliance. This will be reviewed in the daily clinical meeting 3-5x per week x4, weekly x4 and ongoing to validate compliance. Audit findings will be reviewed at the monthly QAPI meeting monthly x3, quarterly x3, and monthly ongoing until deemed no longer necessary by the committee. Areas of concern will be addressed at the time of discovery through re-education and evaluation for further intervention.	
F-689	Resident #1 no longer resides at the facility. Facility residents have the potential to be affected by the alleged deficient practice. Education will be provided to facility staff by the Director of Nursing and/or designee on providing care based on the resident care plan, following appropriate and safe transfer, repositioning and care standards. This education will be provided to the Registered Nurses, Licensed Nurses, Certified Medication Technicians, and Certified Nursing	4/5/2025

	Assistants and Nurse Aides. This will be completed by the compliance date. The DON and/or Designee will complete 3-5 audits per week validating appropriate use transfer techniques, repositioning techniques, and care plan validation. The audits will be completed 2-3 times per week x4, weekly x4, and monthly x3, to validate compliance. Audit findings will be reviewed at the monthly QAPI meeting monthly x3, quarterly x3, and monthly ongoing to validate compliance until deemed no longer necessary by the committee. Areas of concern will be addressed at the time of discovery through re-education and evaluation for further intervention.	
F-692	Resident #4 had no negative outcome/ adverse effects from the alleged deficient practice. Facility residents have the potential to be affected by the alleged deficient practice. Education will be provided by the Director of Nursing and/or Designee on the requirement of documentation of medication administration, validating administration of nutritional supplements, and following Physician's orders. This education will be for Registered Nurses, Licensed Nurses, and Certified Medication Technicians. This will be completed by the compliance date. The DON and/or Designee will complete an audit of medication administration/ review of missed medications. This will be completed 3-5x per week x4, weekly x4, and monthly ongoing to validate compliance. Daily at the clinical meeting the DON and/or Designee will report audit findings. This will be completed 3-5x per week x4, weekly x4 and ongoing to validate compliance. Audit findings will be reviewed at the monthly QAPI meeting, monthly x3, quarterly x3, and monthly ongoing to validate compliance until deemed no longer necessary by the committee.	4/5/2025

	Areas of concern will be addressed at the time of discovery through re-education and evaluation for further intervention.	
F 695	Resident #1 no longer resides at the facility. Facility residents have the potential to be affected by the alleged deficient practice. Education will be provided by the DON and/or Designee to Registered and Licensed Nurses on the requirement on Oxygen Administration, monitoring of oxygen administration, documentation of oxygen administration, and validating understanding of the resident's care plan, and validating each shift. This will be completed by the compliance date. The DON and/or Designee will audit the TAR/ MAR to validate documentation of oxygen administration per physician's order, this will be completed 3-5 times per week x4, weekly x4, and monthly ongoing to validate compliance. Audit findings will be reviewed at the monthly QAPI meeting monthly x3, quarterly x3, and monthly ongoing to validate compliance until deemed no longer necessary by the committee. Areas of concern will be addressed at the time of discovery through re-education and evaluation for further intervention.	4/5/2025
F-728	No facility Residents were identified to have been affected by the alleged deficient practice. Facility residents have the potential to be affected by the alleged deficient practice. Education will be provided by the Administrator and/or Designee to the DON, and Bookkeeper on the regulation regarding NA's must completed an approved Certified Nursing Assistant training program, evaluation and	4/5/2025

	certification within four months of hire. This will be completed by the compliance date. The facility has a form utilized to track Nurse Aides, this form tracks the following; hire date, enrollment date in class, and date the Nurse Aide(s) must be certified. This will be reviewed by the Administrator and/or designee 2 times per month, this will be ongoing monthly to validate compliance. Audit findings will be reviewed at the monthly QAPI meeting monthly x3, quarterly x3, and monthly ongoing to validate compliance until deemed no longer necessary by the committee. Areas of concern will be addressed at the time of discovery through re-education and evaluation for further intervention.	
A4023	Refer to F728	4/5/2025
A4055	Refer to F684	4/5/2025
A4074	Refer to F689	4/5/2025
A4075	Refer to F689 and F695	4/5/2025
A5001	Refer to F692	4/5/2025

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.

Dawn Wilson, LNHA 3/25/25