

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>16411D</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/20/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RAVENWOOD TERRACE-ASSISTED LIVING B1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1830 RAVENWOOD MOBERLY, MO 65270</b>
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A4755	<p>19 CSR 30-86.047(28)(H) Individual Service Plan - Review Requirements</p> <p>The facility may admit or retain an individual for residency in an assisted living facility only if the individual does not require hospitalization or skilled nursing placement as defined in this rule, and only if the facility:</p> <p>(H) Reviews the ISP with the resident, or legal representative of the resident, at least annually or when there is a significant change in the resident 's condition which may require a change in services; II</p> <p>This regulation is not met as evidenced by: Class II</p> <p>Based on interview and record review, the facility failed to update one resident's (Resident #4's), Individualized Service Plan (ISP) after the resident sustained multiple falls with injuries, of four sampled residents. The facility census was 40.</p> <p>Review of the Plan of Care/ISP dated 6/10/2019 showed the Plan of Care/ISP for the resident should be completed upon admission, readmission, change of condition and every six months. The individualized plan of care is a communication tool among caregivers and directs the care.</p> <p>1. Review of Resident #4's face sheet showed the following: -Resident admitted to facility on 8/23/24; -Diagnosis included Alzheimer's disease, dementia with mood disturbance, anxiety and hypertension.</p> <p>Review of the resident's Community Based Assessment (CBA) dated 8/23/24, showed the</p>	A4755		
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Missouri Department of Health and Senior Services  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Ronald Acton*

Missouri Department of Health and Senior Services

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A4755	<p>Continued From page 1</p> <p>following: -Resident dependent on staff for bathing and grooming; -Incontinent of bowel and bladder; -Independent with mobility, ambulates as desired all over building; -Resident confused to time, place and person.</p> <p>Review of the resident's Individual Service Plan.( ISP) dated 8/4/24, showed the resident at risk for falls and directed staff to monitor environment for wet spots or items placed below field of vision on floor. The ISP directed staff to keep call light close and answered promptly. Monitor for steadiness and balance. Instruct resident not to make sudden position changes.</p> <p>Review of the resident's Nurse Progress Notes showed the following: -On 1/3/25 at 1:30 P.M., Certified Medication Aide (CMA) and dietary staff were in the front dining room when the resident took off in a dead sprint to the back of the building in the common area, When staff got back there, the resident had fallen and there was blood on the floor. The resident had quarter size laceration above the right eye and slight bruising underneath the eye. Fall happened at 8:15 A.M.. Director of Nursing (DON) and physician notified and resident sent to the Emergency Room (ER) for stitches above the right eye. Resident currently has urinary tract infection (UTI); -On 1/27/25 at 5:49 A.M., resident fell and this CMA notified on call nurse. Physician ordered to send resident to the hospital. (There was no documentation regarding any injury to the resident in the note); -On 2/19/25 at 4:48 P.M., resident found on floor bleeding from right side of head. Two CMAs assisted resident up into a chair and applied</p>	A4755		

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A4755	<p>Continued From page 2</p> <p>pressure to wound until bleeding stopped. Vitals taken, physician, family and hospice notified; -On 2/28/25 at 5:30 A.M., another resident came and told staff the resident had fallen outside his/her door. CMAs went and checked the resident and moved him/her to a chair. Vital signs taken. DON, family, and hospice notified.</p> <p>Review of the resident's CBA, dated 2/28/25, showed the following: -Resident dependent on staff for bathing and grooming; -Incontinent of bowel and bladder; -Independent with mobility, ambulates as desired all over building; -Resident confused to time, place and person. -Resident has been put on hospice this month (2/6/25), they come two times weekly or as needed. Resident ambulates all over facility. Resident has fallen and hit head, was sent out for sutures.</p> <p>Review of the resident's ISP dated 8/4/24, showed there were no updates or new interventions added after the resident's falls.</p> <p>Review of the resident's Nurse Progress Notes showed the following: -On 3/27/25 at 10:30 P.M. the resident came running out of his/her room and fell. Notified on call, hospice, and family member; -On 3/28/25 at 2:27 A.M., resident brought back to facility. The resident received six stitches in his/her forehead; -On 3/29/25 at 5:22 A.M., the resident had been up all night and was very anxious, as needed (PRN) medications given and not effective. Resident was very unsteady. At 12:00 A.M., the CMA went to check on the resident and found the resident on the floor. The CMA had another CMA</p>	A4755		

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A4755	<p>Continued From page 3</p> <p>assist getting the resident up. The hospice nurse was notified and notified the resident's family member;</p> <p>-On 3/30/25 at 7:00 P.M., personal care attendant (PCA) in room heard a resident yelling someone was on floor. PCA and Certified Medication Technician (CMT) assisted the resident off the floor. Skin tear to back of right hand and a scrape on left knee. CMT dressed resident's right hand and PCA stayed with resident until the resident was ready for bed.</p> <p>Review of the resident's ISP dated 8/4/24, showed there were no updates reflecting the resident's falls or new interventions added after the resident's falls in March 2025.</p> <p>Review of the resident's Nurse Progress Notes showed the following:</p> <p>-On 4/2/25 at 4:55 P.M., the resident was seen out of the window fast paced walking. When the CMA got outside to check on the resident he/she was sitting on the ground;</p> <p>-On 4/6/25 at 5:10 A.M., the CMA went to get the resident ready for the day and found the resident on the floor. CMA checked for injuries and took vitals. Hospice and on call notified;</p> <p>-On 4/7/25 at 4:30 A.M., CMAs found the resident on the floor between bed and chair. Resident had a scrape that was bleeding on the outside of the left knee. CMA took vitals, got resident up and into bed. On call, hospice and family notified;</p> <p>-On 4/11/25 at 12:00 A.M., a staff member walked by and saw the resident on floor in back of the common area. Resident's forehead was lacerated, and the resident had a skin tear to the right wrist. Hospice notified and came to assess resident. Director of Nurses (DON), Administrator and family notified;</p> <p>-On 5/2/25 at 8:30 P.M., the resident was in bed</p>	A4755		

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A4755	<p>Continued From page 4</p> <p>and CMA in med room when resident's camera caught a loud bang. Staff ran into resident's room and found the resident on the floor with a swollen area on his/her head.</p> <p>Review of the resident's ISP dated 8/4/24, showed no updates reflecting the resident's falls or new interventions added to address the resident's falls after multiple falls in April and May 2025.</p> <p>Review of the resident's Fall Risk Evaluation, dated 5/2/25, showed the following: -Resident had three or more falls in last six months; -Interventions put in place and added to ISP included communicated with physician and responsible party; -Resident cognitively impaired; -Poor safety awareness, and mental status varied over the course of the day; -Interventions added to ISP include toilet schedule while awake, pain evaluation and frequent visualization of resident (none of these interventions were found on the resident's ISP); -Staff to take resident to bathroom every 2 hours; -Resident ambulates with steady gait and no appliance; -Balance-No reported history at this time; -Resident score of 6 indicating moderate fall risk.</p> <p>Review of the resident's Nurse Progress Notes showed the following: -On 5/4/25 at 7:00 P.M., CMA saw on resident's camera the resident had fallen out of bed. CMA got resident up and checked for injuries. CMA took vitals contacted on call, hospice and family; -On 5/8/25 at 3:15 P.M., the resident was found outside laying on the ground. Voices no complaints of pain, some bleeding on forehead.</p>	A4755		

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A4755	<p>Continued From page 5</p> <p>Resident was warm to the touch. Staff cleaned spot on resident's forehead and will continue to monitor. CMA called hospice and asked nurse to come out and assess resident. Hospice instructed staff to give resident 0.25 milliliters morphine liquid (opioid pain medication) and hydralazine (medication used to treat high blood pressure) due to raised blood pressure. Nurses put a dressing over the wound and would order extra wound supplies for the resident;</p> <p>-On 5/11/25 at 6:00 P.M., CMA was walking out of the medication room when he/she heard a loud thud come from the resident's room. The CMA and other staff went to the resident's room and found the resident on the floor. When staff got the resident up, they noticed the resident's head was bleeding through the bandage the resident had on. Hospice was contacted and was sending out a nurse to assess the resident. Family notified;</p> <p>-On 5/13/25 at 9:56 A.M., the resident had been laying in bed when staff heard a noise from the resident's room. The resident had fallen on the floor in his/her room. Staff assisted resident off the floor, hospice and family notified;</p> <p>-On 5/14/25 8:57 A.M., while passing medications, the CMA heard a loud noise and went down the hallway to the resident's room and found the resident laying on the floor by the maintenance room door. Staff notified the DON, hospice, on call, and family.</p> <p>Review of the resident's ISP dated 8/4/24, showed no updates reflecting the resident's falls or new interventions added after the resident's multiples falls in May 2025.</p> <p>During an interview on 5/20/25 at 3:55 P.M., CMA A said the resident walked very fast and staff were directed to get the resident to slow down by having the resident sit and calm down.</p>	A4755		

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A4755	<p>Continued From page 6</p> <p>During an interview on 5/20/25 at 3:35 P.M., Resident #4's family member said the resident has had several falls. The resident always seemed to hit his/her head when he/she fell. On 5/8/25 the resident went out the patio door and fell. The family member was not sure how long the resident was outside before staff found the resident.</p> <p>During an interview on 5/20/25 at 3:55 P.M., the DON said the resident walked fast, causing the resident to fall. Staff were directed to have the resident sit down when the resident walked fast to prevent the resident from falling and to notify hospice after each fall. On 5/8/25, facility staff notified her the resident was found outside the patio door on the sidewalk. Review of camera footage showed the resident was outside for a total of 30 minutes and the DON came to the facility to assess the resident.</p> <p>During an interview on 6/2/25 at 8:28 A.M., the Administrator said she was new to facility and unsure of the facility ISP policy. She would expect staff to update the resident's ISP after each fall. The Administrator said the Director of Nurses was responsible for completing the residents ISPs.</p>	A4755		

**P L A N O F C O R R E C T I O N**

Provider/Supplier Name:	Ravenwood Terrace Assisted Living by Americare	
Street Address, City, Zip:	1830 Ravenwood Drive Moberly Mo 65270	
	5/20/2025	
<b>PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER</b>		16411D
<b>ID PREFIX TAG</b>	<b>PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</b>	<b>COMPLETION DATE</b>
A4755	Facility will update Residents Individualized Service Plan, when Residents falls occur.	7/3/2025
	<p><b>Corrective Action for Resident Affected:</b></p> <ol style="list-style-type: none"> <li>1. Resident # 4 's ISP was immediately reviewed and updated to reflect fall history, injury details, new interventions, and revised care needs.</li> <li>2. The Director of Nursing, direct care staff, met to ensure that the plan of care address fall prevention and injuries</li> <li>3. Fall risk assessment review is completed.</li> </ol>	7/3/2025
	<p><b>Measurers to Identify and Correct incomplete or Outdated Plans:</b></p> <ol style="list-style-type: none"> <li>1. The Director of Nursing/Program Manager conducted a comprehensive review of all current residents with a history of falls had appropriate and up-to-date care plan interventions documented. Any missing or outdated information was promptly revised to reflect current care needs.</li> </ol>	7/3/2025
	<p><b>Changes to prevent Reoccurrence:</b></p> <ol style="list-style-type: none"> <li>1. A Fall review checklist was implemented to be completed after every resident fall. This check list includes verification that:               <ol style="list-style-type: none"> <li>A. The Family responsible party was notified.</li> <li>B. Appropriate interventions has been evaluated</li> <li>C. The ISP has been reviewed and / or updated.</li> <li>D. Fall Risk assessment completed after 3 Falls in 30 days.</li> </ol> </li> <li>2. A progress note will be completed to document any falls, including weather an injury occurred or not, and to reflect all required notifications.</li> </ol>	7/3/2025
	<p><b>Monitoring Plan:</b></p> <ol style="list-style-type: none"> <li>1. Adminstrator will Audit Residents with falls ISP 2x weekly to verify documentation accuracy, intervention, This will include documentation in progress note.</li> </ol>	7/3/2025

*Rachel Adams LNHHA*

*6/11/25*

	2. Findings from these audits will be corrected and discussed during weekly Manager meetings to evaluate compliance, identify patterns or recurring concerns, and determine any additional staff training or procedural changes that may be needed.	
	<b>Education:</b> 1. Director of Nursing and Program Manager attended the Virtual Training on incidents & ISP's 2. All staff were in serviced by DON on fall prevention, and notifications.	7/3/2025
A4755	DATE OF COMPLIANCE	7/03/2025

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.

*Rachel Victoria LNHA 6/11/25*