

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265434	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/21/2025
NAME OF PROVIDER OR SUPPLIER  Riverview Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  10303 State Road C Mokane, MO 65059	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>Based on interview and record review, facility staff failed to prevent the commingling of 13 residents' (Resident #10, #33, #34, #38, #42, #43, #44, #45, #46, #47, #48, #49, #50) personal funds with the facility operating funds out of 37 sampled residents. The facility census was 37.</p> <p>Review of the facility's policy titled Conveyance of Resident Funds, revised 05/21, showed the residents personal funds and a final accounting of funds are returned to the resident, the resident representative, or the resident's estate as applicable within 30 days from the date of the resident's discharge from the facility or death. Should a resident pay for services which then retroactively become Medicare/Medicaid eligible, the facility promptly refunds the amount charged to the resident for those services as soon as the facility receives the intermediary's payment. Inquiries concerning refunds are referred to the administrator or Business Office Manager (BOM).</p> <p>Review of the facility-maintained Accounts Receivable Aging report, dated 05/19/25, showed the following residents with personal funds held in the facility operating account:</p> <p>Resident</p> <p>Amount Held in Operating Account</p> <p>#10 \$1618.00</p> <p>#33 \$917.00</p> <p>#34 \$1233.00</p> <p>#38 \$6400.00</p> <p>#42 \$60.17</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0567  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<table border="0"> <tr><td>#43</td></tr> <tr><td>\$571.00</td></tr> <tr><td>#44</td></tr> <tr><td>\$70.15</td></tr> <tr><td>#45</td></tr> <tr><td>\$368.00</td></tr> <tr><td>#46</td></tr> <tr><td>\$1297.07</td></tr> <tr><td>#47</td></tr> <tr><td>\$228.79</td></tr> <tr><td>#48</td></tr> <tr><td>\$2718.65</td></tr> <tr><td>#49</td></tr> <tr><td>\$7600.00</td></tr> <tr><td>#50</td></tr> <tr><td>\$826.00</td></tr> <tr><td>Total</td></tr> <tr><td>\$23907.83</td></tr> </table> <p>During an interview on 05/19/25 at 1:30 P.M., the BOM said he/she started as the BOM in November 2024. The BOM said he/she had no previous experience with this role and was supposed to be trained by the outgoing BOM before he/she left but that did not happen. The BOM said he/she reviews the A/R Aging report monthly and if credits are found he/she will submit a refund request to the Recovery Specialist and the Recovery Specialist is responsible to ensure all claims are paid and the money is refunded. The BOM said the Recovery Specialist sends the facility a copy of the refund check for the facility records and the Recovery Specialist is responsible to update the accounts receivable aging report when he/she gets a refund check. The BOM said the facility should refund a resident money within 30 days of discharge and he/she is aware this has not been done. The BOM said he/she does not know why the money has not been returned within the time frame as the Recovery Specialist is responsible for ensuring it is completed. The BOM said the facility does not having anything in writing to hold resident funds past the 30 days.</p> <p>(continued on next page)</p>	#43	\$571.00	#44	\$70.15	#45	\$368.00	#46	\$1297.07	#47	\$228.79	#48	\$2718.65	#49	\$7600.00	#50	\$826.00	Total	\$23907.83
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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 05/20/25 at 10:30 A.M., the Recovery Specialist said when a resident refund is needed, he/she is made aware by the facility BOM. The Recovery Specialist said he/she is responsible to ensure all claims are paid. The Recovery Specialist said he/she is responsible for updating the accounts receivable aging report, mailing the check to the resident and/or responsible party, and sending a copy of the check to the facility for their records. The Recovery Specialist said he/she does not know refunds should be sent within 30 days of a resident discharge from the facility. The Recovery Specialist said he/she did not know why it takes over 30 days to get a refund issued.</p> <p>During an interview on 05/21/25 at 9:00 A.M., the Director of Banking Services said the Recovery Specialist is responsible for the accounts receivable aging report. The Director of Banking Services said once he/she gets a check request from the Recovery Specialist he/she cuts a check and sends it to the Recovery Specialist. The Director of Banking Services said he/she did not know a resident refund should be issued within 30 days of discharge from the facility.</p> <p>During an interview on 05/21/25 at 10:10 A.M., the Administrator said he/she reviews the accounts receivable aging report monthly with the BOM. The Administrator said he/she is aware there are outstanding credits that need to be refunded. The Administrator said after they review the report if they find any credits the BOM will submit a refund request to the Recovery Specialist. The Administrator said once the refund request is submitted the Recovery Specialist is responsible to ensure all the claims are paid and supply a refund check for the resident and/or responsible party. The Administrator said once the Recovery Specialist gets the refund check he/she is responsible for updating the accounts receivable report in the computer system and sending a copy of the check to the BOM for the facility records. The Administrator said resident refunds should be issued within 30 days of discharge from the facility and he/she is not sure why the Recovery Specialist is not doing this within the timeframe. The Administrator said he/she is aware the facility has credits more than 30 days old that need to be refunded and he/she said the only reason he/she knows they aren't refunded within 30 days is due to the Recovery Specialist not processing the requests timely after the facility submits them. The Administrator said the facility does not have written permission to hold the resident money after discharge.</p> <p>During an interview on 05/21/25 at 10:30 A.M., the Regional Director of Operations said the the facility BOM is responsible to review the accounts receivable aging report each month and submit any credits to the Recovery Specialist for a refund. Once the Recovery Specialist gets a refund request the Recovery Specialist is responsible to ensure all claims are paid, and request a check for the amount left to refund. Once the Recovery Specialist has the refund check it is his/her responsibility to update the accounts receivable aging report, mail the check to the resident and/or responsible party, and send the facility BOM a copy of the check. Refunds are to be issued within 30 days of a resident discharge and he/she expects this to be done. It is corporate policy to pay refunds out by the 17th of each month. The Regional DOP said he/she is aware refunds were not being completely timely has determined they were not being processed timely by the recovery specialist.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, facility staff failed to store medications in a safe manner when staff failed to ensure expired insulin vials were not stored with current resident medications, and failed to ensure medications were not loose in one medication cart out of two sampled. The facility census was 37.</p> <p>1. Review of the facility's policy titled Medication Labeling and Storage, dated February 2023, showed multi-dose vials that have been opened or accessed (e.g., needle punctured) are dated and discarded within 28 days unless the manufacturer specifies a shorter or longer date for the open vial. Medications and biologicals are stored in the packaging, containers or other dispensing systems in which they are received. Only the issuing pharmacy is authorized to transfer medications between containers. Medications are stored in an orderly manner in cabinets, drawers, carts, or automatic dispensing systems. Each resident's medications are assigned to an individual cubicle, drawer, or other holding area to prevent the possibility of mixing medications of several residents.</p> <p>2. Observation on [DATE] at 9:30 A.M. with the Director of Nursing (DON), showed:</p> <ul style="list-style-type: none"> <li>-One opened 1/2 full vial of Humalog (insulin) 100 units/milliliter (ml) with an open date of [DATE];</li> <li>-One opened 1/4 full vial of Lantus (insulin) 100 units/ml with an open date of [DATE];</li> <li>-One opened 1/2 full vial of Lantus 100 units/ml with an open date of [DATE];</li> <li>-One opened 1/2 full vial of Insulin Lispro 100 units/ml with an open date of [DATE];</li> <li>-One opened 1/4 full vial of Insulin Glargine with an open date of [DATE].</li> </ul> <p>During an interview on [DATE] at 11:26 A.M., Licensed Practical Nurse (LPN) C said the insulin is supposed to be taken off the medication cart after it has been opened for 30 days. The LPN said night shift staff are responsible for checking the dates on the insulin. The LPN said staff should check the open dates on the insulin before administering the insulin to a resident. The LPN said he/she just did not check the dates on the insulin and he/she should have. Insulin that has been open longer than 30 days should not be on the medication cart.</p> <p>During an interview on [DATE] at 10:48 A.M., the Assistant Director of Nursing (ADON) said insulin should only be used for 28 days after it is opened. The outdated insulin should not have been on the medication cart. It is the responsibility of the ADON and DON to make sure the nurses are checking the open dates. The concern of giving insulin over the allotted open time is that the insulin won't be as effective.</p> <p>During an interview on [DATE] at 11:00 A.M., the DON said staff should only keep insulin on the medication cart for 28 days. The concern of keeping it past the 28 days is it will change the effectiveness of the medication. The DON said the vials of insulin and their open dates were probably not checked by the staff. The DON said it is the ADON and the DON's responsibility to make sure the nurses</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>are checking the insulin dates. The DON said he/she does not have a process for ensuring the nurses check the dates.</p> <p>During an interview on [DATE] at 11:13 A.M., the Administrator said staff should put open dates on insulin when they place it on the medication cart. The administrator said he/she does not know how long insulin can be kept once opened. The administrator said he/she expects staff to take expired or outdated insulin off the medication cart. The administrator said the nursing staff should check the dates on the open vials of insulin every shift. The administrator said it is the responsibility of the ADON and the DON to make sure the nurses are checking the dates on the insulin vials every shift.</p> <p>3. Observation on [DATE] at 9:44 A.M. with Certified Medication Technician (CMT) D showed the CMT medication cart contained 21 loose tablets and capsules of medications in the bottom of medication drawers and were identified as follows:</p> <ul style="list-style-type: none"> <li>-One capsule of colace (stool softener);</li> <li>-One tablet of 10 milligram (mg) Buspar (anti-anxiety medication);</li> <li>-One tablet of 10 mg of Simvastatin (lowers cholesterol);</li> <li>-One tablet of 100 mg Topamax (migraine medication);</li> <li>-One tablet of 20 mg Celexa (anti-depressant medication);</li> <li>-One tablet of 25 mg Topamax;</li> <li>-One capsule of 0.4 mg Tamsulosin Hydrochloride (used for urine retention);</li> <li>-One tablet of 10 mg Ampyra (used with Multiple Sclerosis);</li> <li>-One capsule of 1 mg Prazosin Hydrochloride (blood pressure medication);</li> <li>-One tablet of 20 mg Lasix (diuretic medication);</li> <li>-One tablet of 50 mg Metoprolol Tartrate (blood pressure medication);</li> <li>-One tablet of 25 microgram (mcg) Soloxine (thyroid medication);</li> <li>-One tablet of 4 mg Eliquis (blood thinner);</li> <li>-One half tablet of Buspar;</li> <li>-One brown capsule, unmarked and unidentifiable;</li> <li>-One half tablet of 500 mg metformin (used for diabetes);</li> <li>-Two white, round tablet, unmarked and unidentifiable;</li> </ul> <p>(continued on next page)</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-One tablet of 200 mg Ibuprofen (analgesic);</p> <p>-One tablet of 15 mg Mirtazapine (anti-depressant medication);</p> <p>-One pink, round tablet, unmarked and unidentifiable.</p> <p>During an interview on [DATE] at 10:48 A.M., the ADON said the CMT's should ensure the cart is clean and free of loose pills at the end of every shift. The ADON said it is the responsibility of the ADON and DON to ensure the CMT's are cleaning the medication carts. There should not be loose pills in the medication carts.</p> <p>During an interview on [DATE] at 11:00 A.M., the DON said the CMT's should ensure the cart is clean and free of loose pills at the end of very shift during their narcotic medication count. He/she did not know why staff are not doing it, he/she has told them several times to do that. The DON said it is the responsibility of the ADON and the DON to make sure the staff check and clean the carts. The DON said he/she has not consistently been checking the carts as he/she should. It is not okay to have 21 loose pills in the medication cart drawers.</p> <p>During an interview on [DATE] at 11:13 A.M., the administrator said the CMT's should clean and check the medication carts for loose pills every shift. The administrator said he/she did not know why the CMT's are not checking their medication carts every shift. The loose pills should not have been in the medication cart. The administrator said he/she, the ADON and DON are ultimately responsible for checking the medication carts.</p>