| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265437 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/20/2025 |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Avalon View Health and Wellness | 1200 West College Street<br>Liberty, MO 64068 |

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

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to follow facility policy and physician orders to implement contact precautions and infection control measures to prevent the spread of scabies for three of three sampled residents, on the special care unit, (Resident #1, #2, and #3). All residents of the special care unit had to be prophylactically treated with 18mg Ivermectin by mouth, and Permethrin topically and showered. The facility census was 118.Review of the facilities policy titled, Identification and Management of Scabies, showed:-Affected residents should remain on contact precautions until 24 hours after treatment;-A resident sharing a room with someone infected with scabies should be examined carefully for scabies and should be treated if signs and symptoms are present, if symptoms are not present daily assessments should be made until the case has resolved;-Individuals who come into contact with the infected resident or with potentially contaminated bedding or clothing should wear a gown and gloves or other protective clothing as established by the facility's infection and exposure control programs;-Place residents with scabies on contact precautions during the treatment period. 1. Review of Resident #1's skin assessment dated [DATE], showed the resident had a rash on his/her shoulder and upper back, palms of hands and in between fingers.Review of the resident's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool completed by facility staff, dated 11/11/25, showed:-The resident required partial assistance with showering/bathing;- The resident diagnosis included dementia with anxiety.Review of the Resident's care plan, revised on 11/11/25, showed:-The resident had severe cognitive impairment and resided on the memory care;-Was dependent on staff for meeting emotional, physical, and psychosocial needs;-The care plan did not address the treatment or diagnosis of scabies.Review of the resident's physician's order sheet (POS) dated November 2025, showed the resident had an order for Ivermectin 18mg by mouth on 11/1/25 and repeat the same dose on 11/14/25.During an interview with the Dermatology clinic's Physician Assistant (PA) on 11/20/25 the PA said:- The resident was being treated for a diagnosis of a scabies rash located on the palms and fingers of the resident's left and right hands, shoulder and upper back;- The PA said the clinic sent documentation to the facility after the resident had been seen for follow up care and recommendations. Review of the patient education sheet, provided by the Dermatologist for November 2025 showed: -Scabies is an infestation of mites that is very contagious;-Household contacts should be treated;- Contaminated clothing should be isolated for 72 hours and washed and dried on high heat;-The resident had an additional diagnosis of Post-Scabietic Dermatitis (a persistent allergic reaction to dead mites that causes intense itching);- The resident was prescribed Zyrtec for itching and Triamcinolone (a topical medication used to help alleviate redness, itching, and discomfort cause by skin conditions) 0.1% topical ointment to apply to rash twice daily for two weeks.Observation of the resident, who resided on the memory care unit, on 11/19/25 at 4:10 P.M., showed:- The resident sitting in the dining room at a table with other residents of the memory care;- CMT A held the resident's hand in the dining room without<br><br>(continued on next page) |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | gloves on and did not prevent contact with staff or other residents.2. Review of Resident #2's MDS, dated [DATE] showed:- The resident was dependent on staff for showering/bathing;- Diagnoses included: Non-Alzheimer's Dementia and generalized muscle weakness.Review of the Resident's Care Plan, revised on 9/6/2025 showed:-The resident resided on the memory care unit due to dementia;- The resident had impaired cognitive function due to dementia;- The care plan did not address diagnosis or treatment of scabies.Review of the resident's skin assessment dated [DATE], showed the resident had a rash to his/her chest and back.Review of the resident's POS dated November 2025, showed the resident had an order for Ivermectin 18mg by mouth on 11/5/25 and to repeat the dose on 11/19/25.During an interview on 11/20/25 the Dermatology clinic's PA said:- The resident was being treated for a diagnosis of Scabies rash located on chest and upper back;- The PA said the clinic sendt documentation to the facility after the resident was seen for follow up care and recommendations;- The resident was being treated for a diagnosis of Scabies located back and the chest;- The resident's treatment plan included Ivermectin 18mg by mouth with food and repeat dose in two weeks;- Wash linens and clothing, follow scabies treatments and isolation measures per Centers for Disease Control (CDC) recommendations;- The facility was provided written education by the dermatologist and that others in the household should be treated. Observation of the memory care unit on 11/28/25 at 10:30 A.M. showed no signs posted indicating the need for contact precautions or any personal protective equipment (PPE) in or near the resident's room.3. Review of Resident #3's Quarterly MDS, dated [DATE], showed:- The resident required moderate assistance from staff for bathing/showering assistance;-The resident required supervision or touching assistance with dressing;- The resident had a diagnosis of mild cognitive impairment of unknown etiology and muscle weakness. Review of the Resident's care plan, dated 10/13/25,showed: -The resident had impaired cognitive function due to dementia;- The resident had limited physical mobility;-The resident had potential for impaired skin integrity;- The care plan did not address diagnosis or treatment of scabies.Review of resident's skin assessment dated [DATE], showed the resident had a rash to his/her abdomen, both arms, and back.Review of resident's POS dated November 2025, showed the resident had an order for Ivermectin 18mg by mouth on 11/5/25 and to repeat the dose on 11/19/25.During an interview on 11/20/25 the Dermatology clinic's PA said:- The resident was being treated for a diagnosis of Scabies rash located on abdomen;- The PA said the clinic sends documentation to the facility after residents have been seen for follow up care and recommendations;-The Resident had a diagnosis of scabies, with an outbreak of scabies at the residents nursing home, resident had tried and failed permethrin cream (a topical medication used to treat scabies) and triamcinolone (a topical medication used to help alleviate redness, itching, and discomfort cause by skin conditions.)-Treatment plan to include Ivermectin 18mg by mouth with food and repeat dose in 14 days.Observation on 11/19/25 at 10:00 A.M. showed no sign posted indicating the need for contact precautions or any personal protective equipment (PPE) in or near the resident's room.Observation showed on 11/1925 at 4:00 P.M. ten residents were in a circle in the dining room playing with a ball. Three staff members were with the residents kicking the ball to the resident's and hitting the ball with their hands in a group activity. No contact precautions were implemented. During an interview on 11/18/25 at 10:24 A.M. Nursing Assistant (NA) A said a couple of the residents had rashes and are receiving ointment to treat the rashes. He/she does not know what the rashes were caused by and did not know if was contagious.During an interview on 11/18/25 at 12:08 P.M. CNA A said a few residents had rashes and he/she thought the residents were being treated but was not sure what caused the rashes and did not know if the residents with rashes were contagious or not. During an interview on 11/18/25 at 3:18 P.M., LPN A said he/she was not aware of an outbreak of scabies on the memory care unit. The<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | residents that had an order for Ivermectin was for a rash but the order did not specify what kind of rash.During an interview on 11/18/25 at 3:48 P.M. the Infection Control Nurse said:- Residents with rashes went to the dermatologist and were prescribed ivermectin, none of the residents received scrape testing;- The progress notes put in by the Director of Nursing (DON) on the residents that were seen by the Dermatologist stated that the residents were not contagious, so no precautions were put in place to prevent the spread of scabies;- The facility's Scabies policy states that residents with scabies should be placed on contact precautions during the course of treatment and we did not believe the residents had scabies because there was no skin scape test done by dermatology.During an interview on 11/18/25 at 3:57 P.M. The DON said there were no confirmed cases of scabies in the memory care unit;- A skin check was performed on all of the residents in the memory care unit and any resident who had a rash went to the dermatologist;-She went with two of the residents to the dermatologist appointment and the dermatologist did not do a skin scrape, the Dr. wanted to try Ivermectin and if it did not work, have the residents return in 4-6 weeks.During an interview on 11/19/25 at 9:24 A.M. LPN B said he/she had not been notified of a scabies outbreak or concerns about scabies in the memory care unit.During a follow up interview on 11/19/25 at 12:23 P.M. The DON said:- A staff member had reported he/she had a rash and went to the emergency room where he/she was prescribed Permethrin (a topical treatment used to treat headlice and scabies) for scabies;- This staff member did not have skin scrape performed and was unable to provide paperwork confirming that he/she had scabies;- A staff member had tested positive for scabies, so then all 30 residents in the memory care unit were treated prophylactically for scabies at the end of September;- The dermatologist treated three of the residents that had rashes with Ivermectin since they had already been treated with Permethrin and still had rashes;- Which resulted in all of the residents who resided on the memory care unit being treated with ivermectin prophylactically;-The use of PPE was not implemented at any time after the report of a staff member having scabies;- Since there was not a skin scraping performed, there was no definitive diagnosis of scabies.During an interview on 11/19/25 at 12:30 P.M. the Administrator said:-When the staff member reported that he/she had scabies, all residents in the memory care unit were treated with Permethrin;- The staff member was unable to provide any proof of a diagnosis of scabies, so all residents in the memory care unit were treated with permethrin as a precaution, no contact precautions were put into place.During an interview on 11/19/25 at 2:46 P.M. the Medical Assistant (MA) A at the Dermatologist office said:-The residents that were seen at the dermatology office were being treated for scabies and needed to be isolated and have contact precautions put into place;-These residents needed to be on contact precautions for a week after their first dose of Ivermectin; -Resident #1 would need to be on contact precautions from 10/30/25 through 11/7/25, Resident #2 would need to be on contact precautions from 11/4/25 through 11/12/25, Resident #3 would need to be on contact precautions from 11/4/25 through 11/12/25. During an interview on 11/19/25 at 2:26 P.M. the facilities [NAME] Director said:- If staff member or a resident had a diagnosis of scabies all the residents would be treated prophylactically;-Residents #1, #2, and #3 still had rashes after permethrin treatment so they were referred to dermatology;- The Dermatologist reported to [NAME] Director they could not rule out Scabies when Residents #1, #2, and #3 were taken to see dermatology, so all residents in the memory care unit were treated with Ivermectin and contact precautions followed. During an interview on 11/19/25 at 3:50 P.M. The Assistant Director of Nursing (ADON) said if a resident had scabies they should be isolated in their room and on contact precautions.During an interview and observation on 11/19/25 at 3:55 P.M. Certified Medication Technician (CMT) A who was seen holding the hand of a resident with a rash said he/she was unaware of any residents being diagnosed with<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | scabies and if she had known the resident was diagnosed with scabies he/she would have had gloves and a gown on and followed contact precautions.During an interview on 11/19/25 at 3:58 P.M. Registered Nurse (RN) A said If a resident was diagnosed with scabies the resident would be placed on contact precautions. During an interview on 11/19/25 at 4:05 P.M. CMT B said:- He/She was unaware of any residents being diagnosed with scabies;- If a resident had scabies, he/she would wear a gown, gloves, hair net, and mask, when caring for that resident. During an interview on 11/19/25 at 4:10 P.M. CMT C said:- He/She had not heard of any residents having scabies;- If a resident had scabies, he/she would wear a gown, gloves, and a mask since some residents like to touch his/her face. During a follow up interview on 11/20/25 at 11:45 A.M. the Dermatologist's PA said:-Resident #1,2,3 had active scabies infections at the time of their dermatology appointments; - He/She would expect the facility to put contact precautions into place for residents diagnosed with scabies to prevent the spread to others;- Facilities typically have a protocol that is followed regarding scabies that includes contact precautions and isolation;- He/She would expect the facility to follow their infection control guidelines regarding preventing the spread of scabies.Intakes 2644199, 2646388, 2647372, 2660176,2664057, 2660358 |