

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265493	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2025
NAME OF PROVIDER OR SUPPLIER Medicalodges Nevada		STREET ADDRESS, CITY, STATE, ZIP CODE 1210 West Ashland Nevada, MO 64772	

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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>Based on interview and record review, facility staff failed to provide each resident with a diet that met each resident's special dietary needs when staff served a regular texture meal to the one resident (Resident #1) who had a physician's order for a mechanically altered diet resulting in the resident choking. The facility had a census of 35. On 06/18/25, the Administrator was notified of the non-compliance. The facility implemented measures including designated assignment of staff for overseeing serve-out of meals, nurses to be present in the dining room for all meals, assigning only nursing staff to pass prepared meals to residents, implementation of a meal ticket system with written current dietary needs of each resident printed new for each meal, in-servicing all staff, and increased audit/check processes throughout the meal to ensure meals are prepared according to physician's orders. The deficient practice was corrected on 06/20/25. Review of a facility policy titled, Diet Orders, dated 2011, showed the following: -Each resident shall have a diet order prescribed by the physician and documented in their medical record; -Diet orders are to be checked regularly for accuracy; -Diets available include, regular diet, no added salt diet (NAS), limited concentrated sweets/consistent carbohydrate diets, heart healthy diets, renal diabetic diets, finger food diets, gluten free diets, and texture modified diets (mechanical soft, puree, thickened liquid diet, and dysphagia (difficulty swallowing) diets. Review of a facility policy titled, Dental Soft (Mechanical Soft), dated 2022, showed the following: -Mechanical soft consistency modified diets are for individuals with limited or difficulty in chewing regular textured foods; -Mechanical soft foods should be moist and fork tender with meat ground or chopped into, bite-size pieces approximately 1/2 inch or smaller. 1. Review of the facility dietary menu showed the following: -On 06/18/25, the facility was utilizing the meal set designated on Week 3, Day 18 of their monthly meal rotation; -The lunch meal was listed as resident's choice. Review of a facility document titled, Day 18 Resident's Choice, showed the following meal items: -Hamburger or hotdog; -Grilled Zucchini; -Potato Salad; -Baked Beans; -Spice Cake. Review of the facility recipe sheets, dated 2025, showed a recipe for ground hotdog on a bun with broth with the following instructions: -Place hot dog or franks on a greased baking sheet; -Bake for 15 to 20 minutes for hotdogs or franks or 30 minutes for bratwursts ensuring internal temperature of at least 165 degrees Fahrenheit (F) for 15 seconds; -Place hot dogs in a washed and sanitized food processor, grind to the size and texture of fine hamburger, place in a steamtable pan with enough prepared broth to keep the product moist; -Portion #10 dipper of ground, moist, hotdog or frank on each bun; -Serve with catsup, mustard and/or pickle relish on bun to keep meat moist. Review of Resident #1's face sheet (basic information sheet) showed the following: -An admission date of 09/03/24; -Diagnoses included Cerebral Palsy (a group of neurological disorders that affect movement and posture), schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly), autistic disorder (a developmental disability impacting social communication and interaction), depression (a mood disorder impacting one's ability to think, feel, and act),</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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