STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265679	A. Building B. Wing	09/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant Valley Manor Care Center	6814 Sobbie Road 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure three of 15 sampled residents reviewed for unnecessary medications (Resident #1, #2 and #34), and/or their representative were informed of the risks and benefits of taking psychotropic medications, this included anti-depressant medications, anti-anxiety medications, hypnotic medications (sleep aid), and anti-psychotic medications (for the treatment of mood and behaviors associated with mental health conditions). This failure prevented the resident and/or their representative from knowing the risks and the benefits of using psychotropic medications. The facility census was 62. Review of the facility's policy for Psychotropic Medications, revised July 2022, included Psychotropic medications may be considered for residents with dementia only after medical, physical, functional, psychological, emotional, psychiatric, social and environmental causes of behavioral symptoms have been identified and addressed. Residents, families and/or the representative will be informed on the risks and benefits of these medications. 1. Review of Resident #1's care plan, revised 7/14/23, showed: - The resident used antidepressant medication trazodone related to depression. Administer antidepressant medications as ordered by physician. Monitor, document, report as needed any adverse reactions to antidepressant therapy. - The resident used antianxiety medications; alprazolam related to adjustment issues. Administer antianxiety medication as ordered by the physician. Monitor for side effects and effectiveness every shift. Review of the resident's Quarterly MDS (Minimum Data Set), a federally mandated assessment completed by facility staff, dated 5/15/25, showed: - Cognitive skills intact. - No behaviors. - Lower extremities impaired on both sides. - Diagnoses included anemia, congestive heart failure, renal insufficiency, malnutrition, and chronic obstructive pulmonary disease. - No falls. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265679	A. Building B. Wing	09/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant Valley Manor Care Center	6814 Sobbie Road 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Had seven antidepressants in the last seven days. - Had seven hypnotics in the last seven days. Review of the resident's POS (physician order sheet), dated September 2025, showed a start date of 6/16/25 for Trazodone (antidepressant) 50 mg two tablets by mouth at bedtime for insomnia. Review of the resident's electronic medical record showed no documentation the resident nor their representative was informed of the risks or benefits of Trazadone prior to the start date of 6/16/25. 2. Review of Resident #34's Quarterly MDS, dated [DATE], showed:- Resident had severe cognitive impairment.- Diagnosis: coronary artery disease, kidney disease, and depression.- Resident was prescribed: psychotropic medication for depression and sleep. Review of the resident's Care Plan, revised 6/18/25, showed: -The resident had depression and risk for changes in behaviors decline. - The resident had impaired cognitive function and impaired thought processes related to dementia. Administer medications as ordered.- The resident was on sedative/hypnotic therapy melatonin. Monitor and document adverse effects of therapy.-The resident was using antidepressant medication and antianxiety medications. Review of Resident's Physician Order Summary Report, dated 9/3/25, showed:- Order date 8/15/25, Clonazepam oral tablet 0.25 MG, one tablet daily for anxiety and insomnia;- Order date 8/22/25, Escitalopram Oxalate (antidepressant) tablet 5 MG, two tablets daily for anxiety. Record review of the resident's Medical Records showed no documentation of informed consent for use of psychotropic medications for resident. 3. Review of Resident #2's care plan, revised on 01/01/2025 showed: -The resident had diagnosis of dementia, moderate with anxiety. -The resident was taking anti-psychotic medications: Olanzapine related to mood management. -The resident used anti-depressant medications: Trazadone related to agitation. Review of the Resident's POS (physician order sheet), dated September 2025, showed: -Start date 05/03/25- Trazadone 25mg three times daily, for increase agitation. -Start date 05//03/25- Olanzapine (antipsychotic) 10mg at bedtime, for mood and behavior management. Review of the resident's medical record showed the facility failed to have a psychotropic consent form signed by DPOA prior to use. 4. During an interview on 9/4/25 at 3:15 P.M., Licensed Practical Nurse (LPN) C said he/she thought the staff obtained consents for psychotropic medications but did not know where they would be located in the resident's chart or who was responsible for completing. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265679	A. Building B. Wing	09/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant Valley Manor Care Center	6814 Sobbie Road 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 9/5/25 at 10:45 A.M., the DON said there should be a consent for residents who are taking psychotropic medications. During an interview on 9/5/25 at 11:59 A.M., The Administrator said:- The consents should be obtained prior to the resident starting on the psychotropic medications.- The risks and benefits should be discussed with the resident and/or the responsible party prior to the resident starting on the medication and it should be documented in the resident's chart.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265679	A. Building B. Wing	09/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant Valley Manor Care Center	6814 Sobbie Road 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide personal funds and a final accounting within thirty days upon discharge for three residents (Resident #68, #69, and #70) and failed to notify one resident (Resident #21) when they were within $200.00 of the Supplemental Security Income (SSI) resources limit. This affected four of 15 residents sampled. Facility census was 62. Request for a policy covering resident funds upon discharge was not provided by the facility.1. Review of the facility's accounts receivable aging report, dated [DATE], showed the following residents had money in the facility's operating account: - Resident #68 discharged on [DATE], with a credit balance of $4,422.14 in the Private Pay account;- Resident #69 discharged on [DATE], with a credit balance of $4,981,98 in the Private Pay account;- Resident #70 discharged on [DATE], with a credit balance of $2,923.04 in the Private Pay account.During an interview on [DATE] at 1:35 P.M., the Business Office Manager said:- The facility changed accounting software and lost old data on payments to discharged residents. Currently they could not prove that they had made refund payments to the residents #68, #69, and #70;- She was working on refunds with the corporate office for various residents;- The delays in reconciling the accounts were mostly due to issues with Medicaid responding to their requests, but she didn't have any recent correspondence for any of these accounts available;- The expectation from her office was to reconcile within 30 days of discharge for all resident accounts.During an interview on [DATE] at 12:50 P.M., the Administrator said:- Accounts should be reconciled with residents who have discharged or expired within two to three months due to reconciliation delays with Medicare;- Two or three years would be an unacceptable timeline for reimbursement. 2. Review of the facility's Resident fund account balances, dated [DATE], showed resident #21 had a balance of $8,276.82 in their resident account which exceeded the SSI resources limit of $6,068.80. There was no documentation of a notice sent to the resident when he/she was within $200 of the limit. During an interview on [DATE] at 2:30 P.M., the Social Services Designee said:- She was not aware of the exact SSI resources limit that residents were required to not exceed;- The facility had not informed Resident #21 or his/her immediate family that he/she was within $200.00 of the SSI resources limit so they could spend the account down.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265679	A. Building B. Wing	09/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant Valley Manor Care Center	6814 Sobbie Road 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. Based on observation, interview, and record review, the facility failed to ensure a medication rate under five percent for two sampled residents (Resident #32 and #44) when there were four missed opportunities out of 25, leaving a medications error rate of 16%. The facility census was 62 residents. Review of the facility Medication Administration policy, updated on 7/15/21, showed all resident shall receive medications on a timely basis and in accordance with established policies. Medication orders are to be followed exactly per the physician. If there is any concern regarding the order the physician should be contacted prior to administering the medication. 1.Review of Resident #32 POS (Physician Order Sheet), dated September 2025, showed an order for Psyllium Husk Powder, give 17gm daily for constipation. Instructions read: Mix in 8oz of liquid.in the A.M. Observation and interview on 9/3/25 at 8:30 A.M., showed:-CMT (Certified Medication Technician) A said, Metamucil was in package and is to be mixed with a cup of water. CMT A did not realize the cup of water was short by 3 ounces of water.-During observation of medication pass, the Metamucil was mixed with less than 5 oz (Ounces) of water. Clear cup on medication cart was marked as 5 oz cup, which was short by 3 oz of water. During an interview on 09/05/25 at 10:45 A.M., the Director of Nursing (DON) said Metamucil should be mixed with 8 oz. of liquid, as the order reads. 2. Review of Resident #44's POS, dated September 2025, showed: - Start date: 3/13/24 - MiraLAX oral packet 17 grams daily for constipation. - Start date: 7/31/25 - Psyllium Husk Powder, give 2 scoops daily for constipation. - Start date 7/31/25: Amantadine HCL 100 mg (milligrams) daily for tremors in the morning. Review of the resident's MAR (Medication Administration Record), dated September 2025, showed: - MiraLAX oral packet 17 grams daily for constipation. - Psyllium Husk Powder, give 2 scoops daily for constipation. - Amantadine HCL 100 mg daily for tremors. Staff indicated on the MAR the medication was not administered on 9/1, 9/2, or 9/3. Observation and interview on 9/3/25 at 8:42 A.M., showed: - Licensed Practical Nurse (LPN) A said the Metamucil; did not come with a scoop, so he/she used a medication cup and filled it to two tablespoons and poured it into a clear plastic five-ounce cup and added 70 ml (milliliters) of water and stirred it with a spoon. The label on the Metamucil said to mix it with 8 ounces of water. - LPN A poured 17 grams of MiraLax into a clear plastic five-ounce cup and added 75 ml. of water and stirred it with a spoon. The label on the MiraLAX said to mix it with 4 - 8 oz. of liquid. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265679	A. Building B. Wing	09/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant Valley Manor Care Center	6814 Sobbie Road 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- LPN A did not administer the resident's Amantadine and said the resident did not have the Amantadine because they were waiting for prior authorization. During an interview on 9/4/25 at 11:53 A.M., LPN A said- The MiraLAX should be mixed with 60 ml of water. - The Metamucil should be mixed with 60 ml. of water. - Residents should have their medication available when it is ordered. During an interview on 9/5/25 at 10:45 A.M., the DON said:- The MiraLAX should be mixed with a minimum of 120 ml. of water. - The Metamucil should be mixed with at least 120 ml of liquid. - The medication should be available for the staff to pass to the resident when it is time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265679	A. Building B. Wing	09/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant Valley Manor Care Center	6814 Sobbie Road 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on observation and interview, the facility failed to discard expired medications and biologicals stored within the medication cart, failed to ensure medication was not wedged behind the drawer of the medication cart, which affected four of 15 sampled residents (Resident #33, #20, #71 and #56), and failed to ensure there were no loose pills in the medication cart. The facility census was 62. Record review of the facility's undated policy for Storage of Medications showed:- The purpose of this procedure is to ensure that medications are stored in a safe, secure and orderly manner.- Medications are bubble packaged when they are received. Over the counter may be in a bottle with the label intact and the date the bottle is opened.- Drug containers having soiled, illegible, worn, makeshift, incomplete, damaged or missing labels should be returned to the pharmacy. - No discontinued, outdated, or deteriorated medications are available for use in this facility. All such medications are to be destroyed. - Medications are stored in an orderly manner in cabinets, drawers or carts. The compartments are of sufficient size to prevent overcrowding. Record review of the facility's undated policy for discontinued/expired medications showed:- Staff shall destroy discontinued or expired medications or shall return them to the pharmacy.- The medications shall be monitored in the medication carts for any expired medications. 1. Observation and interview on 9/3/25 at 9:08 A.M., of the medication cart for the front hall showed:- Resident #33 had an opened Arnuity Ellipta inhaler which was filled on 10/30/24. The label on the box said to discard six weeks after opening the moisture protective foil tray.- There were two loose pills wedged behind the bottom drawer of the medication cart along with Resident #20's Lisinopril, refill date 4/1/24 that had four pills left in the package and expired. Resident #71 had two doxycycline left in the package and was filled 5/25/25, and the resident is deceased . Licensed Practical Nurse (LPN) A said Resident #71 had passed away some time ago. Resident #56 had Lactase, filled 2/10/25 and had 13 tablets left in it. The medication was discontinued. During an interview on 9/3/25 at 9:08 A.M., LPN A said:-The Director of Nursing (DON) and the Assistant Director of Nursing (ADON) check the medication carts for expired medications.-Staff should not use any expired medications; they should be discarded.-Inhalers should be dated when opened and medication should have a pharmacy label to indicate which resident it belonged to.- Staff should make sure to check the inhalers to see if outdated.-There should not be any loose pills wedged behind the drawer of the medication cart and should not have any packages of medication wedged behind the drawer of the medication cart. During an interview on 9/5/25 at 10:45 A.M. the DON said the nurses are responsible for cleaning the medication carts and medication room and making sure there are not any expired medications. There should not be any expired medications in the medication cart or the medication room, they should be destroyed. There should not be any medication packages or loose pills wedged behind the drawer of the medication cart.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265679	A. Building B. Wing	09/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant Valley Manor Care Center	6814 Sobbie Road 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. Based on observation, interview, and record review, the facility failed to provide an alternative appealing option of similar nutritive value to one resident (Resident #35) who refused food being served. This affected one resident of 15 residents sampled. The facility's census was 62.Record review of facility policy Resident Food Preferences, revised July 2017, showed the food services department will offer a variety of foods at each scheduled meal and substitutions with the same nutritive value Record review of meal substitutes for lunch, dated 9/2/25, showed: Hot dogs, chicken noodle soup, cheese puffs, ice cream, side salad, diced pears, yogurt or chips.1. Record review of Resident #35's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool completed by facility staff, dated 7/8/25, showed:- The resident was severely cognitively impaired;- The resident had moderate difficulty hearing;- The resident had clear speech and he/she was usually understood and usually understands communications;- The resident was independent in eating;- Diagnosis: coronary artery disease, hypertension, diabetes, dementia, and depression. During an observation of the resident in the dining room on 9/2/25 at 12:20 P.M., showed: - The resident ate only cherry cheesecake and did not eat any of the cheeseburger macaroni casserole, vegetables, or dinner bread roll provided for the lunchtime meal; - Certified Medical Technician (CMT) A while giving resident his/her medications at the table, encouraged resident to eat their meal and noted the food had not been touched;- The resident told CMT A he/she did not like the meal and did not want to eat it; - CMT A offered to bring the resident a substitute from the kitchen and did not ask them what they wanted or provide a list of substitute items the resident could choose from for that meal;- CMT A returned with a peanut butter and jelly sandwich on white bread and gave it to the resident:- The resident took two bites out of the sandwich and spit it out on his/her plate and discontinued eating, while staff were in the dining room; - The resident left the dining room without eating anymore food, while staff observed. During an interview on 9/2/25 at 12:40 P.M., CMT A said:- He/she did not know what the menu substitutes were for today's meal;- He/she went into the kitchen and asked for a meal substitute for the resident and he/she was handed a peanut butter and jelly sandwich and not given any options for the resident to consider.During an interview on 9/3/25 at 8:45 A.M., the resident said:- At yesterday's lunch he/she was not offered any specific substitute for the meal he/she did not eat;- The resident accepted the peanut butter and jelly sandwich, because he/she normally likes eating them; - The resident was not offered a hot dog, chicken noodle soup, cheese puffs, ice cream, side salad, diced pears, yogurt or chips which were all on the lunch time list of suitable substitutes for the meal; - The resident would have chosen one of the available substitutes for the lunch time meal if he/she had been informed of that option.During an interview on 9/5/25 at 9:45 A.M., the DM said a peanut butter and jelly sandwich was not a suitable nutritional substitute for a lunch time meal. Dining room staff will normally go to the kitchen ask for a substitute and we will tell them their options and provide what the resident wants to eat. During an interview on 9/5/25 at 12:45 P.M., the Administrator said:- The facility has a list of rotating substitute items for meals if the resident does not like what is being served;- A peanut butter and jelly sandwich is not a suitable nutritional substitute for a lunch time meal.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265679	A. Building B. Wing	09/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant Valley Manor Care Center	6814 Sobbie Road 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law. Based on observation, interview, and record review, the facility failed to ensure staff prepared foods per the prescribed therapeutic diet needs of individual residents when they did not ensure the main entree for a resident was mechanically altered with accompanying gravy or broth for one resident (Resident #1) out of 15 sampled. The facility census was 62.The facility did not provide the requested policies on therapeutic diets and pureed food preparation. Record review of Resident #1's Annual Minimum Data Set (MDS), a federally mandated assessment tool completed by facility staff, dated 7/1/25, showed:- Resident was cognitively intact;- Resident dependent on staff for set up assistance for eating;- Diagnosis: heart failure, kidney disease, diabetes, and anxiety disorder, dysphagia, oropharyngeal phase (difficulty or inability to move food from the mouth through the throat into the esophagus);- Mechanically altered diet.Record review of the resident's Care Plan, dated 7/7/25, showed the resident required a mechanical soft diet per resident request.Record review of the resident Physicians Orders Sheet, dated 9/2/25, showed an order, dated 6/17/25, for Regular diet consisting of mechanical soft texture, regular/thin consistency, mechanical soft meat with binder, regular sides, upright for all food intake.During an interview on 9/2/25 at 11:35 A.M., the resident said his/her meal main courses are supposed to be ground up, but normally they are not done that way and it makes it hard to eat.Record review of Meal Card on 9/4/25 at 10:30 A.M., showed the resident required all meats to be ground up and with gravy or broth added.Observation on 9/4/25 at 12:02 P.M., showed the lunch meal brought to the resident on a hall tray. The main course item of salmon patty was unaltered from original form out of oven and there was no gravy present in the bowl or on the plate for the resident.During an interview on 9/4/25 at 12:04 P.M., the resident said this happens all the time and I cannot eat the salmon the way it is because it might make me choke. I would have told the staff member, but they delivered the tray and left immediately. During an interview on 9/5/25 at 11:15 A.M., Dietary [NAME] (A) said today's main course is a salmon patty, which is salmon fish ground up and made into a patty with other fillers. It is cooked into a firm patty that is removed from the oven and served to the residents. It is already mechanically separated and does not have to be ground up for the resident. As long as there is gravy on the side that's all that is required. He/she thought there was gravy on the tray but was not sure why it was not included today. During an interview on 9/5/25 at 12:45 P.M., the Administrator said a salmon patty needs to be separated and served with a gravy or broth if a mechanically soft diet is ordered for a resident.During an interview on 9/16/25 at 3:15 P.M., the RD (registered dietitian) said a salmon patty cooked and removed from the oven should have gravy or broth on the side or on the main entree so that it is served properly for a mechanically soft diet.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265679	A. Building B. Wing	09/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant Valley Manor Care Center	6814 Sobbie Road 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to store, prepare and serve food in accordance with professional standards of food service safety when staff failed to discard expired food items in the dry storeroom and leftovers in the refrigerator, failed to date and label food items in a refrigerator, and failed to properly date incoming food products stored in the dry storeroom. This had the potential to affect all residents by putting them at risk for a food borne illness. The facility census was 62. Record review of the facility's policy Food Receiving and Storage, revised November 2022, showed;- Dry foods that are stored in bins are removed from original packaging, labeled and dated (use by date).- All foods stored in the refrigerator are covered, labeled, and dated (use by date).- Refrigerated foods are labeled, dated, and monitored so they are used by their use by date or discarded. Record review of the facility's policy Dietary Food Storage, dated 10/1/21, showed:Refrigerator Storage- Unopened foods shall be stored in the refrigerator until the manufacture's expiration date.- Opened foods shall be stored in an appropriate, sealable container that is labeled with the name of the item, date opened, date to be removed.- The length of time than an opened food item can be stored may vary depending on the product. Refer to the Food Storage Guide.- Prepared items that are left over from a meal must be stored in a covered container and labeled with the name of the item, date placed in the refrigerator and date to be removed. Food may not be held for more than 72 hours.Record review of the facility's policy Food Storage Guide, undated, showed:- Spoiled foods should be removed immediately from refrigerators so decay cannot pass to other foods;- Refrigerated sour cream should be discarded two weeks after being opened. Observation on 9/2/25 at 8:20 A.M., showed the following in the kitchen:Dry Storeroom: 2 containers of thick and Easy 46 fluid ounces thickened iced tea which expired on 8/1/25.Refrigerator:- Undated leftover pancakes with no label.- Undated leftover yellow liquid mixture, unknown product, with no label. - Undated leftover various cheese, shredded, left open.Observation on 9/4 at 9:00 A.M., in the kitchen dry storeroom showed strawberry fountain syrup opened and resealed with no open date.Observation on 9/4/25 at 10:45 A.M., showed Dietary [NAME] (A) re-opened a container of refrigerated sour cream and placed a date on the container after he/she was finished using the food item.During an interview on 9/4/25 at 10:52 A.M., Dietary [NAME] (A) said he/she put a date on the sour cream container to show when it was last opened, today. The food item had been previously used but it didn't have a date on it so he/she put one on it even though he/she did not know when it was originally used by the kitchen. Dates should be put on the container the first time they are opened and only one date per container is allowed. The original receipt date from the [NAME] was on the container and it showed 8/15/25, with an expiration date of 9/28/25 from the manufacturer. He/she would only throw the product out on the expiration date regardless of when the container was opened and resealed.During an interview on 9/4/25 at 10:45 A.M., the DM (Dietary Manager) said:- Items removed from case boxes should have the receipt date annotated on the packaging.- Items should be discarded as soon as they are expired.- Leftovers should have labels to identify the item and when it was originally prepared along with a use by date.- A product stored as a leftover on 9/1/25 should be discarded by 9/7/25 which is seven days after first being prepared.- There should only be one date on a container that has been opened and resealed.During an interview on 9/5/25 at 12:45 P.M., the Administrator said:- Items which are expired should be discarded immediately.- Leftovers should be labeled with product name, date prepared and a use by date.During an interview on 9/16/25 at 3:15 P.M., the RD (Registered Dietician) said- Items should be discarded as soon as they are expired and leftovers should be labeled (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265679	A. Building B. Wing	09/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant Valley Manor Care Center	6814 Sobbie Road 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	and have a use by date written on them.