

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045247	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Stella Manor Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 400 North Vancouver Avenue Russellville, AR 72801	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>50505</p> <p>Based on observations, interviews, and facility policy review, it was determined that the facility failed to ensure that over-the-counter medications and prescribed medications required for as needed (PRN) basis were removed and not used from the medication/storage rooms and medication carts.</p> <p>Findings include:</p> <p>A review of a facility policy titled, Medication Storage in the Facility, revised January 2018, indicated, that all expired medications will be removed from the active supply and will be destroyed, regardless of the amount of medication that remains in the usual manner.</p> <p>During review of the [NAME] Station Medication Room on 11/06/24 at 8:40 AM, 3 bottles of Vitamin B-6 100 mg were found with the expiration date of 06/2024.</p> <p>During review of the East Station Medication Room, on 11/06/2024 at 8:54 AM, the medication cart used by the Medication Aide Certified (MAC) was found to have six cards of expired as needed medications. Those included: Resident #1 Cyclobenzaprine 10 milligrams (mg)-30 tablets (1 card) with an expiration date of 11/5/24; Resident #39 Benzonatate 100 mg-29 capsules (1 card) with an expiration date of 10/24/24; Resident #57 Clonidine Hydrochloride (HCl) 0.1 mg-24 tablets (1 card) with an expiration date of 10/06/24; Resident #32 Tizanidine 2 mg-16 tablets (1 card) and 7 tablets (1 card) to equal a total of 23 tablets with an expiration date of 10/24; and Resident #62 Ondansetron HCl 4 mg-29 tablets (1 card) with an expiration date of 10/23/24.</p> <p>During an interview on 11/06/2024 at 9:03 AM, LPN stated that the expired medications would be turned in to the Director of Nursing (DON).</p> <p>During an interview on 11/07/24 at 9:30 AM, DON stated that the Vitamin B-6 should have been removed and that all the other Vitamin B-6 had already been removed and those must have been missed. DON confirmed that an in-service with staff had already started regarding checking expiration dates on the over-the-counter medications and the PRN medications that are on the medication carts.</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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