

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265001	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/16/2025
NAME OF PROVIDER OR SUPPLIER  Athene Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 13995 Clayton Road Town and Country, MO 63017	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44950</p> <p>Based on observation, interview and record review, the facility failed to ensure residents were free from significant medication errors. The facility failed to ensure one resident's medication dose for Depakote (divalproex sodium, medication used to treat seizures and mood disorders) was entered correctly from the hospital after admission to the facility (Resident #3). This failure resulted in the resident receiving a lower dose of the medication for six days. The facility also failed to follow manufacturer and pharmacy recommendations and crushed a medication prior to administration for two residents (Resident #5 and Resident #1). One of the residents was hospitalized and found to have a low therapeutic level of the medication (Resident #1). The sample was 6. The census was 158.</p> <p>Review of the facility's Medication Administration policy, revised [DATE], included:</p> <ul style="list-style-type: none"> <li>-Policy: Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection.</li> <li>-Policy Explanation and Compliance Guidelines: <ul style="list-style-type: none"> <li>-Keep medication cart clean, organized, and stocked with adequate supplies;</li> <li>-Cover and date fluids and food;</li> <li>-Identify resident by photo in the Medication Administration Record (MAR);</li> <li>-Wash hands prior to administering medication per facility protocol and product;</li> <li>-Knock or announce presence;</li> <li>-Explain purpose of visit;</li> <li>-Provide privacy;</li> <li>-Obtain and record vital signs, when applicable or per physician orders. When applicable, hold medication for those vital signs outside the physician's prescribed parameters;</li> <li>-Position resident to accommodate administration of medication;</li> </ul> </li> </ul> <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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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>-Review MAR to identify medication to be administered;</li> <li>-Compare medication source (bubble pack, vial, etc.) with MAR to verify resident name, medication name, form, dose, route, and time;</li> <li>-Refer to drug reference material if unfamiliar with the medication, including its mechanism of action or common side effects;</li> <li>-Administer within 60 minutes prior to or after scheduled time unless otherwise ordered by physician;</li> <li>-If other than PO route, administer in accordance with facility policy for the relevant route of administration (i. e., injection, eye, ear, rectal, etc.);</li> <li>-Identify expiration date. If expired, notify nurse manager;</li> <li>-Remove medication from source, taking care not to touch medication with bare hand;</li> <li>-Administer medication as ordered in accordance with manufacturer specifications;</li> <li>-Provide appropriate amount of food and fluid;</li> <li>-Shake well to mix suspensions;</li> <li>-Crush medications as ordered. Do not crush medications with do not crush instructions;</li> <li>-Observe resident consumption of medication;</li> <li>-Wash hands using facility protocol and product;</li> <li>-Sign MAR after administered. For those medications requiring vital signs, record the vital signs onto the MAR;</li> <li>-If medication is a controlled substance, sign narcotic book;</li> <li>-Report and document any adverse side effects or refusals;</li> <li>-Correct any discrepancies and report to nurse manager.</li> </ul> <p>1. Review of Resident #3's medical record showed:</p> <ul style="list-style-type: none"> <li>-admitted [DATE];</li> <li>-Diagnoses included Alzheimer's disease, high blood pressure and insomnia.</li> </ul> <p>Review of the resident's hospital discharge medications, dated [DATE], showed:</p> <ul style="list-style-type: none"> <li>-Divalproex DR (Depakote delayed release) tablet 250 milligram (mg), Oral, three times a day;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Last received [DATE] at 2:02 P.M.</p> <p>Review of the resident's medical record, showed a progress note, dated [DATE] at 11:45 P.M., Resident arrived via family car accompanied by family. Resident ambulated independently to room. Resident alert and oriented to self. Speech is clear but conversation is confused at times. Resident can be redirected easily. Resident taken to room and introduced to staff. Resident offered a meal or snack but refused, stating he/she was not hungry. Skin assessment performed. No open areas noted. Has multiple old healing bruises to bilateral arms and chest. Denies pain. Nurse Practitioner (NP) notified and orders verified with no new orders (NNO) at this time.</p> <p>Review of the resident's electronic Physician Order Sheet (ePOS), showed:</p> <p>-An order dated, [DATE], Divalproex Sodium Tablet Delayed Release 125 mg. Give 1 tablet by mouth three times a day related to Alzheimer's disease.</p> <p>Review of the provider progress note, dated [DATE], showed Divalproex Sodium Tablet Delayed Release 125 mg. One tablet by mouth three times a day. Give 1 tablet by mouth three times a day related to Alzheimer's disease.</p> <p>Review of the resident's ,d+[DATE], MAR, on [DATE] at 11:30 A.M., showed:</p> <p>-Divalproex Sodium Tablet Delayed Release 125 mg. Give one tablet by mouth three times a day related to Alzheimer's disease;</p> <p>-Medication marked as given at 7:30 A.M., 12:00 P.M., and 7:30 P.M. on [DATE], [DATE], [DATE] and [DATE];</p> <p>-Medication marked as given on [DATE] at 7:30 A.M.</p> <p>Observation on [DATE] at 9:25 A.M , showed Certified Medication Technician (CMT) A at the medication cart. CMT A popped the resident's morning medication, including Divalproex 125 mg, crushed the medication and proceeded to the dining room. The resident swallowed his/her medications with a sip of water. The resident's Divalproex 125 mg was verified as a delayed release tablet. A sticker was observed on the medication card that showed, do not crush.</p> <p>During an interview on [DATE] at 12:05 P.M., Registered Nurse (RN) B said when a resident is admitted or readmitted to the facility, their discharge orders should be checked and verified with the physician and psychiatrist if necessary. The nurse cannot change what is on the discharge orders versus the verified orders. If the progress notes state orders verified with physician, then nothing should be different from hospital orders. If something is changed, then there should be a note in the medical record. RN B verified that orders for the Depakote dosage entered in the ePOS for the resident did not match the discharge orders for the Depakote dosage from the hospital.</p> <p>During an interview on [DATE] at 12:55 P.M., the Director of Nursing (DON) said if a resident is admitted and the nurse charts NNO then she would expect the orders in the resident's ePOS to match the hospital orders. If the physician did not change the orders when the resident was admitted , then the nurse would document NNO. NNO means exactly how the hospital had it ordered.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Review of Resident #1's medical record, showed:</p> <p>-Admission: [DATE]</p> <p>-Discharge: [DATE]</p> <p>-Diagnoses included transient cerebral ischemic attack (stroke), unspecified, other seizures, dementia, muscle weakness and cognitive communication deficit.</p> <p>Review of the resident's hospital record prior to facility admission, showed;</p> <p>-admitted [DATE] for seizure like activity with no history of seizures;</p> <p>-Discharge to facility [DATE].</p> <p>Review of the resident's medical record, showed:</p> <p>-An order, dated [DATE], Divalproex Sodium Oral Tablet Delayed Release 125 mg (Divalproex Sodium) Give 1 tablet by mouth two times a day for seizures;</p> <p>-An order, dated [DATE], May crush crushable meds, open caps and mix with a palatable substance (like applesauce) unless contraindicated AND may give as a cocktail unless contraindicated.</p> <p>-An order, dated [DATE], May crush divalproex, per resident preference, open caps and mix with a palatable substance (like applesauce) unless contraindicated AND may give as a cocktail unless contraindicated.</p> <p>Review of the resident's ,d+[DATE] MAR, showed:</p> <p>-Divalproex Sodium Tablet Delayed Release 125 mg. Give one tablet by mouth two times a day for seizures;</p> <p>-Medication marked as given at 7:30 A.M. and 7:30 P.M. on [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE] and [DATE].</p> <p>Review of the progress note, dated [DATE] at 6:36 A.M., showed resident noted to be lethargic and difficult to arouse. Nonresponsive to verbal and physical stimuli. Oxygen saturation 78%. Resident on 4 liters (L) per nasal cannula applied. EMS called order from primary received to send out to hospital for evaluation.</p> <p>Review of the hospital assessment and plan, dated [DATE], included:</p> <p>-Breakthrough seizures. No compliance with Depakote (level low);</p> <p>-Severe late onset Alzheimer with behavioral disturbances.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the hospital progress note, showed resident presents to the emergency room by Emergency Medical Services (EMS) for seizure-like activity. Per the nursing home facility staff, they found the resident sitting up in bed staring off into the ceiling and not speaking. This lasted approximately ,d+[DATE] minutes. The resident had no convulsions. There was no injury or fall reported. At baseline the resident is oriented x1. When EMS arrived, the resident's blood pressure was ,d+[DATE] (low blood pressure is a reading lower than ,d+[DATE]). In route, the resident was combative and agitated.</p> <p>Review of the hospital progress note, showed patient recently hospitalized from ,d+[DATE]-,d+[DATE] after presenting with seizure-like activity without any history of seizures. Reported that the resident was sitting on the floor shaking and yelling out, lasting a few minutes and patient more confused after and slowly back to his/her baseline mental function as per his/her family.</p> <p>Review of the hospital medical record, showed Valproic Acid level (amount of Depakote in the blood stream ) 6.8 Low (Reference range 50XXX,d+[DATE].0 microgram (mcg)/milliliter (ml)).</p> <p>Observation on [DATE] at 9:00 A.M., showed CMT A with the resident's Depakote medication card. Two tablets were left. Instructions show to take meds whole. A sticker is attached to the card that states do not crush.</p> <p>During an interview on [DATE] at 9:15 A.M., CMT A said they don't have a do not crush list. The CMT checked the diet order and just knows the residents. If they refuse a lot or have a hard time swallowing, then they can crush and put in the pudding. The resident refused a lot so they might have crushed his/her medications. CMT A said they want them to take their medications and believed at one point he/she had to crush the resident's medications. Now all of the resident's medications are supposed to be crushed. The resident will not take any medications without crushing them and putting them in the pudding.</p> <p>During an interview on [DATE] at 10:15 A.M., Registered Nurse (RN) B said the resident was combative/yelling when he/she went to the hospital. RN B was not on the unit when he/she left but was in the facility. The resident never had a seizure. He/She was able to eat food but would refuse medicine. RN B remembers nursing getting an order to crush Depakote. The physician gave the order to crush the resident's medications because he/she would refuse.</p> <p>3. Review of Resident #5's medical record, showed his/her diagnoses include parkinsonism (a clinical syndrome characterized by the four motor symptoms found in Parkinson's disease: tremor, bradykinesia (slowed movements), rigidity, and postural instability), Alzheimer's Disease, bipolar disorder, schizoaffective disorder (a mental health condition including schizophrenia and mood disorder symptoms), anxiety, depression and dementia.</p> <p>Review of the resident's ePOS, showed:</p> <p>-An order, dated [DATE], Regular texture, Regular/Thin Consistency;</p> <p>-An order, dated [DATE], Divalproex Sodium Tablet Delayed Release 250 mg. Give 1 tablet by mouth three times a day related to schizoaffective disorder, bipolar type;</p> <p>-An order, dated [DATE], Obtain valproic acid level. (Pending confirmation).</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's ,d+[DATE] MAR, on [DATE] at 11:35 A.M., showed:</p> <p>-Divalproex Sodium Tablet Delayed Release 125 mg. Give one tablet by mouth three times a day related to Alzheimer's Disease;</p> <p>-Medication marked as given at 7:30 A.M. on [DATE], [DATE] and [DATE];</p> <p>-Medication marked as given at 2:00 P.M. on [DATE], [DATE] and [DATE];</p> <p>-Medication marked as given at 8:00 P.M. on [DATE], [DATE] and [DATE];</p> <p>-The dose for [DATE] at 8:00 P.M. is blank.</p> <p>Observation and interview on [DATE] at 9:19 A.M., showed CMT A at the medication cart. The CMT said he/she crushes the resident's medications because of his/her diet. CMT A popped his/her medications and crushed them together, which included Depakote Delayed Release 250 mg. CMT A put the medications in a small medication cup of pudding and administered the medications to the resident.</p> <p>Review of the Manufacturer instructions, Depakote safety Administration, undated, included:</p> <p>-Depakote Tablets or Depakote ER Tablets should be swallowed whole and should not be crushed or chewed;</p> <p>-Depakote Sprinkle Capsules (for seizures only) may be swallowed whole or opened and the contents sprinkled on soft food.</p> <p>During an interview on [DATE] at 12:55 P.M., the DON said the pharmacy provides a rubric for crushed meds and it also tells them when they are passing meds on the Medication Administration Record (MAR) if it can be crushed. The DON said if the medication card says do not crush a medication, she expected staff to not crush unless they have a physician order to crush the medication. The risk of crushing a do not crush medication is inappropriate delivery of that medication. She expected them to get a one time crush order then get another order to change the delivery method or route for future doses. The DON said for Depakote, if the medication card says do not crush, she expected a one time order to crush the medication then should be changed to the released sprinkle capsule. For Resident #1, if the resident would have stayed with the facility, then would have gotten something else. There should be a one-time order and then another order to have the pharmacy change the type that can be crushed or sprinkled, like a capsule.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 1:40 P.M., the Administrator said he expected staff to follow the policy if it goes with the physician orders and pharmacy recommendations. The Administrator said the reason Resident #1's valproic acid was low was because he/she was only on the medicine a short time and would not have had time to build up a high level. The amount of time the resident was on the medication is the reason the resident did not have a therapeutic level, not because the medication was less effective due to being crushed. The Administrator also said the resident was not sent out for seizures and was not on Depakote for seizures. The resident was on the medication for behaviors and was sent out because they thought he/she was having a stroke. The Administrator said they had a physician order to crush the medication.</p> <p>During an interview on [DATE] at 3:05 P.M., the Pharmacist said it not preferable to crush Depakote in the delayed release form. You can get capsules that are easily pulled apart. The preferred way to do it is as a capsule for the Depakote. There is some time release to it which can be messed up if you crush the tablet. If a resident cannot take a whole pill, the best choice is a capsule or liquid. The physician should switch it to capsule instead of crushing the medication. When a medication that is not recommended to be crushed is crushed, there can be too much of the medication given at once. The other possible concern is the medication not lasting as long as it should in between doses. For example, if the medication is ordered to be given twice a day, it can decrease the effectiveness by an hour or two.</p> <p>MO00252627</p>		