

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Mason Pointe Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13190 South Outer 40 Road Chesterfield, 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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16752</p> <p>Based on observation, interview, record review, and review of facility policy, the facility failed to ensure that 1.) one of two treatment carts (A3 skilled unit) was locked and secured. This failure created the risk of unauthorized access to medications and supplies by residents and staff, and 2.) failed to ensure expired medical supplies; including urinary catheters, intravenous (IV) catheters, and syringes; were removed from one of two medication rooms (M3 skilled unit). This failure created the risk of less effective medical supplies being used for residents.</p> <p>Findings include:</p> <p>1. Review of R169's Face Sheet, located in the resident's electronic medical records (EMR) under the Admissions tab, indicated the resident was admitted to the facility on [DATE] with diagnoses that included Alzheimer's Disease, dementia, and manic-depressive disorder.</p> <p>Review of R169's annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/06/24 and located in the resident's EMR under the MDS Assessments tab, indicated R169 had a Brief Interview for Mental Status (BIMS) score of 13 out of 15, indicating the resident was cognitively intact. The MDS indicated the resident had periods of verbally and physically aggressive behaviors which had gotten worse since the last assessment.</p> <p>On 08/20/24 at 2:02 PM, an unlocked treatment cart on the A3 skilled unit was observed. The treatment cart was located across from the nurses' station, and no nursing staff were present in the area. The top drawer of the treatment cart was observed to contain Eliquis (an anticoagulant) 2.5 milligrams (mg), famotidine (an antihistamine) 20 mg, and vitamin C 500 mg. The bottom drawer contained two bottles of guaifenesin syrup (an expectorant). The other drawers on the treatment cart contained various wound supplies.</p> <p>During the observation of the treatment cart on 08/20/24 at 2:02 PM through 2:20 PM, a total of 18 minutes, Resident (R) 169 was observed sitting in a wheelchair, propelling himself around the nurses' station and near the treatment cart. At 2:20 PM, Licensed Practical Nurse (LPN) 1 returned to the nurses' station and locked the treatment cart.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Mason Pointe Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13190 South Outer 40 Road Chesterfield, 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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/20/24 at 2:21 PM, LPN1 stated she was the last person to use the treatment cart and left it unlocked. LPN1 verified the treatment cart contained the Eliquis, famotidine, guaifenesin cough syrup medication, and wound supplies. LPN1 stated it was hazardous to leave the treatment cart unlocked. LPN1 stated that even though R169 had a BIMS score of 13, the resident exhibited periods of confusion and wandering behaviors.</p> <p>2. During an observation on 8/21/24 at 9:38 AM, the following was observed in the medication room on the M3 skilled unit:</p> <p>One of one Coude catheter (a urinary catheter with a slightly curved or angled tip) 16 French, with an expiration date of 01/28/24.</p> <p>One of one [NAME] Introcan Safety Intravenous (IV) catheter 20 gauge (ga), with an expiration date of 08/01/24.</p> <p>One of one [NAME] Introcan Safety IV catheter 22 ga x 1 inch, with an expiration date of 08/01/24.</p> <p>Two of two [NAME] IV catheters 22 ga x 1-inch, both with an expiration date of 08/15/24.</p> <p>Four of four [NAME] IV catheters 24 ga x 0.75 inch, all with an expiration date of 08/08/24.</p> <p>12 of 12 [NAME] 10 cubic centimeter (cc) syringes with luer lock tips, all with an expiration date of 03/01/23.</p> <p>During an interview on 08/21/24 at 9:35 AM, Certified Medication Technician (CMT) 1 revealed the pharmacy consultant usually checked the medication carts and medication rooms for expired medications and supplies monthly; however, the nurses tried to check it more frequently.</p> <p>During an interview on 08/21/24 at 9:45 AM, LPN1 stated the unit manager was responsible for checking the medication room for expired medications and supplies, and the MDS nurse was responsible for checking the medication carts for expired medications.</p> <p>During an interview on 08/22/24 at 11:15 AM, the Assistant Director of Nursing (ADON) stated that LPN1 had made her aware of the treatment cart on A3 skilled unit being left unlocked. The ADON stated it was the expectation that treatment and medication carts were to be always locked when not in use. The ADON stated that although R169 appeared to be cognitively intact at times, the resident had periods of confusion and poor decision-making capabilities. The ADON stated it was a hazard to leave the treatment cart unlocked, especially with R169 in the areas. The ADON stated that she was made aware of the expired supplies in the medication room on the M3 skilled unit. The ADON stated that the pharmacy consultant inspected the medication rooms and carts for expired medications and supplies; however, she and the unit managers should inspect the medication rooms in between the pharmacy consultant visits.</p> <p>Review of the facility's policy titled, Labeling and Storage of Medications, dated 01/31/24, revealed, . The community will not use discontinued, outdated, or deteriorated medications . Compartments (including but not limited to drawers, cabinets, rooms, refrigerators, carts, and boxes) containing medications shall be locked when not in use and trays or carts that transport such items should not be left unattended if open or otherwise potentially available to others .</p>		