

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265112	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER Florissant Valley Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 Graham Road Florissant, MO 63031	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on interview and record review, the facility failed to provide services per acceptable standards of practice for one resident (Resident #1), when the facility failed to follow physician orders for a new medication to treat nerve pain for 10 days after the resident returned from an appointment with the neurologist (physician who treats the nervous system). The sample size was 4. The census was 79. The administrator was notified on 10/29/25, of the past non-compliance. The administrator of the facility investigated immediately 10/12/25, in-serviced all staff on following up on resident outside appointments to ensure paperwork is received and reviewed when a resident returns from an appointment for new and or changed orders. Facility conducted a 100% audit of residents outside appointments for paperwork for new and/or changed orders and the Medical Director (MD) and resident representative notifications were completed on any missed orders. The past non-compliance was corrected on 10/17/25. Review of the facility's Physician Orders Policy, updated 9/28/22, showed:-Policy: To provide guidance and ensure physician orders are transcribed and implemented in accordance with professional standards, state & federal guidelines.-The Licensed Practical Nurse (LPN), Registered Nurse (RN), nursing administration and the Director of Nursing (DON) are responsible to follow physician orders as written and clarify illegible or unclear orders prior to implementation. Review of Resident #1's electronic medical record (EMR) showed:-Moderately impaired cognition;-Diagnoses included Wernicke's encephalopathy (a severe neurological emergency caused by Vitamin B1 deficiency), muscle wasting and atrophy, diabetes, and vascular diseases;-A Neurology after visit summary, dated 10/2/25, showed start taking this medication: gabapentin (seizure medicine that can be used to treat nerve pain) 100 milligram (mg) capsule daily;-A nurse progress note dated 10/13/25, resident's family member approached nurses' station regarding the medication gabapentin. This nurse Informed him/her that an order for gabapentin was not on the resident medication list. Call placed to physician; new order received for gabapentin 100 mg daily. Call placed to pharmacy and medication ordered;-A physician order dated 10/13/25 for gabapentin 100 mg in the morning for nerve pain. During an interview with the Administrator and Interim DON on 10/28/25 at 2:40 P.M., they said they were aware of the resident not receiving ordered gabapentin until 10/13/25 due to facility not following up on resident outside appointment on 10/2/25 with the neurologist. They would have expected staff to have called the physician's office and request follow up paperwork since the resident did not return to the facility with the paperwork. 2644453</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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