

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER St Sophia Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 936 Charbonier 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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44950</p> <p>Based on interview and record review, the facility failed to receive authorization in writing to use personal funds of a resident that was discharged from the facility January 2024 with a credit in the amount of \$772.00, until October 2024 when the resident was charged \$875.00 after an updated bill was received from the resident's co-insurance. The facility failed to notify the resident and/or responsible party of additional charges and deducted \$875.00, leaving the resident a balance owed in the amount of \$103.00. The facility census was 166.</p> <p>Review of the facility's Admission Agreement, showed:</p> <p>-We neither extend credit nor accept payment in installments. Unless otherwise stated, all payments required by this agreement are due and payable in full no later than the fifth of the month. All payments not paid when due shall be late payments and may be subjected to late payment charges of one percent per month. Payments properly made by you to use are not refundable except that, in the event of your death, transfer or discharge, we will refund the appropriate prorated portion of any advance payment. Any payment made by you or on your behalf (for example, by an insurance company or governmental entity), which is less than the full amount due to us under this agreement shall be treated as a partial payment on your account even if you or someone on your behalf places a statement or endorsement on a check that the lesser amount is payment in full;</p> <p>-By signing this agreement and initialing below, you agree that you authorize the facility to withhold any overpayment until all third party payments have been received to ensure that any private-due balances have been paid.</p> <p>Review of Resident #15's medical record, showed:</p> <p>-admitted on [DATE];</p> <p>-discharged on [DATE].</p> <p>Review of the resident's transaction report, dated 12/1/23 through 4/30/14, showed:</p> <p>-Private Pay;</p> <p>-On 1/6/24: Room and board charges January 6, 2024 through January 15, 2024 in the amount of \$1,930.00;</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
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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Unit amount: 193;</p> <p>-Number of units: 10;</p> <p>-On 1/8/24: Payment applied on January 11, 2024 in the amount of \$579.00;</p> <p>-On 1/10/24: Payment applied on January 12, 2024 in the amount of \$386.00;</p> <p>-On 1/18/24: Payment applied on January 23, 2024 in the amount of \$965.00;</p> <p>-Total due from Private Pay: (\$772.00);</p> <p>-Total for resident: (\$772.00).</p> <p>Review of the resident's monthly statement, dated February 2024, showed:</p> <p>-1/6/24, room and board charges for January 6, 2024 through January 15, 2024;</p> <p>-Units: 10;</p> <p>-Amount: \$193.00;</p> <p>-Amount: \$1,930.00;</p> <p>-On 1/8/24, payment of \$579.00;</p> <p>-On 1/10/24, payment of \$386.00;</p> <p>-On 1/18/24, payment of \$1,737.00;</p> <p>-Balance due: (\$772.00).</p> <p>Review of the resident's refund request form, dated 3/27/24, showed:</p> <p>-Check to be made payable to Estate of Resident #15;</p> <p>-Refund amount: \$772.00;</p> <p>-Explanation of refund: Resident discharged funds are owed for private pay overpayment;</p> <p>-Date of discharge: 1/16/24.</p> <p>Review of the resident's monthly statement, dated March 2024 through October 2024, showed:</p> <p>-Balance forward: (\$772.00);</p> <p>-Balance due: (\$772.00).</p> <p>(continued on next page)</p>		

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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's activity report, showed:</p> <ul style="list-style-type: none"> -On 2/27/24: Account due from updated (\$2,702.00) to (\$772.00), amount below \$0.00; credit amount; -On 3/27/24: Refund request; -On 4/1/24: Refund request; -On 10/23/24: Cash batch \$875.00 of \$875. Co-payment 1/24; -Cash receipt, amount due updated from (\$772.00) to \$103.0. Account opened; -On 10/31/24: Adjustment, amount due from \$103.00 to \$103.00. <p>During an interview on 11/8/24 at 10:30 A.M., the Business Office Manager (BOM) said the resident had a credit in the amount of \$772.00. After his/her co-insurance, the resident was private pay from 1/6/24 until 1/16/24. When a resident is discharged and has a credit, he/she sends the information to the corporate office. He/She sent a refund request on 3/27/24 and it was acknowledged on 4/1/24 by the Regional Business Manager. Corporate is responsible for sending the check for refunds and it can take six to eight months. On 10/23/24, the resident's co-insurance billed the facility \$875.00, so the resident has a balance now.</p> <p>During an interview on 11/8/24 at 11:44 A.M., the Regional Business Manager said a resident is expected to receive a refund within five days or up to 30 days. They were waiting to make sure what out of pocket expenses were owed to the facility. The refund request letter should have been sent sooner than 3/27/24. They would also have to research and make sure it was a true refund. He/She did not know why the resident's co-insurance sent a bill several months after the resident was discharged . He/She did not know when the office received the billing for the resident. He/She could not explain why the resident and/or his/her responsible party had not received the refund within that time period. He/She was not sure if the BOM contacted the resident and his/her family regarding the bill or sent a statement. The BOM could notify the resident if a balance was due so they can start collecting on it. He/She would expect the family to be informed of the balance, so they can do a collection attempt. The admission agreement explains resident funds and balances procedures.</p> <p>During an interview on 11/8/24 at 2:00 P.M., the BOM said the resident's daughter called and asked about the funds. They were told that it was sent to corporate. Managed care and Medicare charges will take longer, so he/she waited until co-insurance was paid. He/She waited the full month of February for any ancillary changes and then he/she submitted the refund request in March. The BOM cannot write checks for refunds and he/she does not receive billing statements.</p> <p>During an interview on 11/8/24 at 4:00 P.M., the Administrator said she would expect for resident refunds to be returned timely. She would expect the resident's family to be contacted for any billing or statements prior to any withdrawal of funds since the resident was discharged several months ago.</p> <p>MO00242384</p>		

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<p>F 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44950</p> <p>Based on interview and record review, the facility failed to refund resident funds within 30 days of discharge for one resident reviewed (Resident #15). The resident was discharged from the facility January 2024 with a credit in the amount of \$772.00. The facility failed to issue a refund after attempts to notify the corporate office to send a refund. The facility census was 166.</p> <p>Review of the facility's Admission Agreement, showed:</p> <p>-We neither extend credit nor accept payment in installments. Unless otherwise stated, all payments required by this agreement are due and payable in full no later than the fifth of the month. All payments not paid when due shall be late payments and may be subjected to late payment charges of one percent per month. Payments properly made by you to use are not refundable except that, in the event of your death, transfer or discharge, we will refund the appropriate prorated portion of any advance payment. Any payment made by you or on your behalf (for example, by an insurance company or governmental entity), which is less than the full amount due to us under this agreement shall be treated as a partial payment on your account even if you or someone on your behalf places a statement or endorsement on a check that the lesser amount is payment in full;</p> <p>-By signing this agreement and initialing below, you agree that you authorize the facility to withhold any overpayment until all third party payments have been received to ensure that any private-due balances have been paid.</p> <p>Review of Resident #15's medical record, showed:</p> <p>-admitted on [DATE];</p> <p>-discharged on [DATE].</p> <p>Review of the resident's transaction report, dated 12/1/23 through 4/30/14, showed:</p> <p>-Private Pay;</p> <p>-On 1/6/24: Room and board charges January 6, 2024 through January 15, 2024 were the amount of \$1,930.00;</p> <p>-Unit amount: 193;</p> <p>-Number of units: 10;</p> <p>-On 1/8/24: Payment applied on January 11, 2024 in the amount of \$579.00;</p> <p>-On 1/10/24: Payment applied on January 12, 2024 in the amount of \$386.00;</p> <p>-On 1/18/24: Payment applied on January 23, 2024 in the amount of \$965.00;</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>44950</p> <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on observation, interview and record review, the facility failed to ensure residents receive treatment and care in accordance with professional standards of practice for one resident (Resident #3) when the resident's medication and treatment orders were not reentered into the electronic medical record (EMR) until two days after the resident was readmitted to the facility from a hospital stay. The resident returned on 9/24/24 and the orders were entered on 9/26/24. The sample size was 10. The census was 166.</p> <p>Review of the facility's Physician Orders policy, reviewed 9/28/22, showed:</p> <ul style="list-style-type: none"> -Policy: To provide guidance and ensure Physician Orders are transcribed and implemented in accordance with Professional Standards, State & Federal Guidelines. -Procedure: <ul style="list-style-type: none"> -Physician Orders shall be provided by Licensed Practitioners authorized to prescribe orders; -Orders must be recorded in the medical record by the licensed nurse authorized to transcribe such orders; -Physician orders must be documented clearly in the medical record; -Physician orders that are missing required components, are illegible or unclear must be clarified prior to implementation; -Physician Order Sheet (POS) will be maintained with current Physician Orders as new orders are received. Discontinued orders will be marked as discontinued with the date, and all new orders will be written in the appropriate area of the POS with the date the order was received; -Physician Orders will be transcribed to the appropriate administration record (Medication Administration Record (MAR) and Treatment Administration Record (TAR)); -Telephone/Verbal Orders: <ul style="list-style-type: none"> -The Licensed Nurse is required to transcribe the order accurately in the Medical Record/POS and on the appropriate MAR/TAR. <p>Review of Resident #3's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 9/14/24, showed:</p> <ul style="list-style-type: none"> -Mild cognitive impairment; -Incontinent of bowel and bladder; <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Diagnoses included schizophrenia (a serious mental health condition that affects how people think, feel and behave), anxiety, high blood pressure, and chronic obstructive pulmonary disease (COPD, lung disease).</p> <p>Review of the resident's electronic Physician Order Sheet (ePOS), on 9/26/24 at approximately 12:00 P.M., showed the following active orders as of 9/16/24, prior to the resident's discharge from the facility to the hospital, included:</p> <p>-Regular diet, start date 2/17/23, Mechanical Soft texture, Thin consistency, May have regular diet per request for comfort. Fortified foods at all meals, magic cup twice a day lunch;</p> <p>-Left lateral shin, start date 8/1/24, cleanse area with wound cleanser. Pat dry. Apply medihoney. Cover with a gauze island border dressing every day for wound care;</p> <p>-Do Not Resuscitate (DNR), order date 6/30/19;</p> <p>-Behaviors, start date 8/4/23, Monitor for the following: itching, picking at the skin, restlessness, agitation, hitting, increase in complaints, biting, kicking, spitting, cussing, racial slurs, elopement, stealing, delusions, hallucinations, psychosis, aggressions, refusing care. Every shift;</p> <p>-Abilify (used to treat schizophrenia) oral tablet 10 milligram (mg), start date 9/12/24. Give 10 mg by mouth in the morning related to Schizophrenia;</p> <p>-Aspirin enteric coated (EC) tablet delayed release 81 mg, start date 3/7/24. Give 81 mg by mouth in the morning.</p> <p>-Atorvastatin calcium (used to treat high cholesterol) tablet 10 mg, start date 12/13/22. Give 1 tablet by mouth at bedtime for high triglycerides;</p> <p>-Budesonide Inhalation Suspension (used to manage and treat inflammatory diseases) 0.5 mg/2 milliliters (ml), start date 5/10/24. 0.5 ml inhale orally every 12 hours as needed for shortness of breath related to COPD;</p> <p>-Clonidine Hcl (used to treat high blood pressure) tablet 0.1 mg, start date 9/15/24. Give 1 tablet by mouth as needed for prophylaxis related to high blood pressure for blood pressure greater than 160;</p> <p>-Cymbalta (used to treat depression and nerve pain) 30 mg, start date 5/10/24. Give 3 tablets by mouth in the morning for major depression;</p> <p>-Docusate Sodium (used to treat constipation) 100 mg, start date 10/24/23. Give 1 capsule by mouth one time a day for constipation;</p> <p>-Eliquis (anticoagulant used to treat and prevent blood clots) 5 mg, start date 12/13/22. Give 1 tablet by mouth two times a day for blood clot in deep vein;</p> <p>-Ferrous sulfate (iron supplement) tablet 325 mg, start date 5/10/24. Give 1 tablet by mouth one time a day for supplementation;</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Flomax capsule (used to treat urinary retention) 0.4 mg, start date 10/24/23. Give 1 capsule by mouth at bedtime for urinary;</p> <p>-Gabapentin (used to treat nerve pain) capsule 400 mg, start date 5/24/23. Give 1 capsule by mouth three times a day for neuropathy pain;</p> <p>-Guaifenesin extended release (ER) tablet 600 mg, start date 5/10/24. Give 1 tablet by mouth every morning and at bedtime for cough;</p> <p>-Hydrocortisone Acetate Suppository (used to treat hemorrhoids) 25 mg, start date 7/20/21. Insert 1 suppository rectally every 12 hours as needed for hemorrhoids;</p> <p>-Ipratropium-Albuterol Solution (used to treat COPD) 0.5-2.5 (3) mg/3 ml, start date 3/21/24. 1 applicator inhale orally four times a day for chronic respiratory failure.</p> <p>-Metoclopramide (used to treat nausea and vomiting) oral tablet 5 mg, start date 5/5/24. Give 1 tablet by mouth with meals for acid reflux;</p> <p>-Midodrine (used to treat low blood pressure) oral tablet 5 mg, start date 5/10/24. Give 1 tablet by mouth before meals for low blood pressure;</p> <p>-Miralax Oral Packet 17 gram (gm), start date 7/21/24. Give 1 packet by mouth two times a day for constipation;</p> <p>-Multi-vitamin oral tablet, start date 2/9/24. Give 1 tablet by mouth two times a day for supplement;</p> <p>-Nitroglycerin (used to treat and prevent chest pain) tablet sublingual (under the tongue) 0.4 mg, start date 3/28/19. Give 1 tablet sublingually every 5 minutes as needed for angina (chest pain) for 3 doses only;</p> <p>-Pantoprazole (used to treat acid reflux) tablet 40 mg, start date 5/10/24. Give 40 mg by mouth two times a day for acid reflux;</p> <p>-Preparation H external cream 1%, start date 12/20/23. Apply to hemorrhoids topically every 6 hours as needed for hemorrhoids;</p> <p>-ProAir Hfa Aerosol Solution (Bronchodilator used to treat or prevent bronchospasm), start date 10/17/19. 2 puff inhale orally every 6 hours as needed for shortness of breath;</p> <p>-Senna-Lax Tablet, start date 7/21/24. Give 2 tablet by mouth two times a day for constipation;</p> <p>-Tylenol capsule tablet 325 mg, start date 10/21/22. Give 2 tablet by mouth every 4 hours as needed for pain. Max dose is 3 gm in 24 hours;</p> <p>-Tylenol extra strength oral table 500 mg, start date 9/15/24. Give 1 tablet by mouth two times a day;</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Vitamin C oral tablet 500 mg, start date 1/20/24. Give 1 tablet by mouth two times a day for supplement.</p> <p>Review of the resident's electronic medical record (EMR), showed:</p> <p>-Progress note, dated 9/16/24 at 2:34 P.M., Resident was calling out to nurse and stating that I CANT BREATHE. Nurse went to assess the resident and his/her oxygen saturations (percent of oxygen in the blood) were between 79 and 80% and lips and tongue were discolored and blue in appearance. Staff called 911 and a non-rebreather mask (NRB, a device used to assist in the delivery of oxygen therapy) placed on his/her face and instructed pt to take slow deep breaths. Emergency Medical Services (EMS) arrived and resident transported to the hospital;</p> <p>-Progress note, dated 9/24/24 at 1:35 P.M., Resident returned from leave of absence at hospital (Draft);</p> <p>-Progress note, dated 9/24/24 at 6:37 P.M., Physician returned phone call. Notified physician of resident's return to the facility, discharge summary information, and no new orders. Physician states great and they will see the resident soon;</p> <p>-Progress note, dated 9/26/24 at 6:48 A.M., Resident in bed awake, alert and oriented times two (to self and place). Respirations unlabored, oxygen on at 2 liters nasal cannula. Head of bed elevated, skin warm and dry. Resident is calling out to staff loudly. No complaints of pain or discomfort voiced. Total care given.</p> <p>Review of the resident's ePOS on 9/26/24 at approximately 12:30 P.M., showed queued orders, start date 9/24/24:</p> <p>-Code Status: DNR;</p> <p>-Diet: Regular diet;</p> <p>-Antianxiety: Monitor resident for signs and symptoms of the following drowsiness, slurred speech, nausea, aggressive, or impulsive behavior;</p> <p>-Behaviors: Monitor for the following: itching, picking at the skin, restlessness, agitation, hitting, increase in complaints, biting, kicking, spitting, cussing, racial slurs, elopement, stealing, delusions, hallucinations, psychosis, aggressions, refusing care;</p> <p>-Aspirin Tablet Delayed release 81 mg;</p> <p>-Nitroglycerin tablet sublingual 0.4 mg;</p> <p>-ProAir Hfa Aerosol Solution;</p> <p>-Hydrocortisone Acetate Suppository 25 mg;</p> <p>-Tylenol Extra Strength 500 mg;</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER St Sophia Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 936 Charbonier Road Florissant, MO 63031	

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Tylenol capsule 325 mg</p> <p>-Atorvastatin Calcium tablet 10 mg;</p> <p>-Pantoprazole delayed release 40 mg;</p> <p>-Eliquis tablet 5 mg;</p> <p>-Budesonide Inhalation Suspension 0.5 mg/2 ml;</p> <p>-Gabapentin Oral capsule 100 mg;</p> <p>-Flomax Oral capsule 0.4 mg;</p> <p>-Docusate Sodium capsule 100 mg;</p> <p>-Preparation H External cream 1%;</p> <p>-Vitamin C oral tablet 500 mg;</p> <p>-Multivitamin-Minerals Oral tablet;</p> <p>-Ipratropium-Albuterol Solution 0.5-2.5 (3) mg/3 ml;</p> <p>-Midodrine Oral tablet 5 mg;</p> <p>-Metoclopramide Hcl Oral tablet 5 mg;</p> <p>-Ferrous sulfate tablet 325 mg;</p> <p>-Guaifenesin ER 12 hour 600 mg;</p> <p>-Cymbalta capsule 30 mg;</p> <p>-Pantoprazole delayed release 40 mg;</p> <p>-Miralax Oral packet 17 gm;</p> <p>-Senna-Lax Tablet;</p> <p>-Abilify Oral tablet 10 mg;</p> <p>-Tylenol extra strength 500 mg;</p> <p>-Clonidine Hcl Tablet 0.1 mg.</p> <p>Review of the resident's ePOS on 9/26/24 at approximately 1:00 P.M., showed no active orders.</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's MARTAR on 9/26/24 at approximately 1:00 P.M., showed all medication and treatment orders discontinued on 9/17/24.</p> <p>Review of the resident's ePOS, on 9/26/24 at approximately 4:00 P.M., showed the following active orders with order date 9/24/24 and start date 9/26/24, that included:</p> <ul style="list-style-type: none"> -Regular diet: Mechanical Soft texture, Thin consistency, for diet; -DNR; -Antianxiety: Monitor resident for signs and symptoms of the following drowsiness, slurred speech, nausea, aggressive, or impulsive behavior. Every shift; -Behaviors: Monitor for the following: itching, picking at the skin, restlessness, agitation, hitting, increase in complaints, biting, kicking, spitting, cussing, racial slurs, elopement, stealing, delusions, hallucinations, psychosis, aggressions, refusing care. Every shift; -Abilify Oral Tablet 10 mg. Give 10 mg by mouth in the morning related to Schizophrenia; -Aspirin enteric coated (EC) tablet delayed release 81 mg. Give 81 mg by mouth in the morning. -Atorvastatin calcium tablet 10 mg. Give 1 tablet by mouth at bedtime for high triglycerides; -Budesonide Inhalation Suspension 0.5 mg/2 ml. 0.5 ml inhale orally every 12 hours as needed for shortness of breath related to COPD; -Clonidine Hcl tablet 0.1 mg. Give 1 tablet by mouth as needed for prophylaxis related to high blood pressure for blood pressure greater than 160; -Cymbalta 30 mg. Give 3 tablets by mouth in the morning for major depression; -Docusate Sodium 100 mg. Give 1 capsule by mouth one time a day for constipation; -Eliquis 5 mg. Give 1 tablet by mouth two times a day for blood clot in deep vein; -Ferrous sulfate tablet 325 mg. Give 1 tablet by mouth one time a day for supplementation; -Flomax capsule 0.4 mg. Give 1 capsule by mouth at bedtime for urinary; -Gabapentin capsule 400 mg. Give 1 capsule by mouth three times a day for neuropathy pain; -Guaifenesin ER tablet 600 mg. Give 1 tablet by mouth every morning and at bedtime for cough; -Hydrocortisone Acetate Suppository 25 mg. Insert 1 suppository rectally every 12 hours as needed for hemorrhoids; -Ipratropium-Albuterol Solution 0.5-2.5 (3) mg/3 ml. 1 applicator inhale orally four times a day for chronic respiratory failure. <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Metoclopramide oral tablet 5 mg. Give 1 tablet by mouth with meals for acid reflux;</p> <p>-Midodrine oral tablet 5 mg. Give 1 tablet by mouth before meals for low blood pressure;</p> <p>-Multi-vitamin oral tablet. Give 1 tablet by mouth two times a day for supplement;</p> <p>-Nitroglycerin tablet sublingual 0.4 mg. Give 1 tablet sublingually every 5 minutes as needed for angina (chest pain) for 3 doses only;</p> <p>-Pantoprazole tablet 40 mg. Give 40 mg by mouth two times a day for acid reflux;</p> <p>-Preparation H external cream 1%. Apply to hemorrhoids topically every 6 hours as needed for hemorrhoids;</p> <p>-ProAir Hfa Aerosol Solution. 2 puff inhale orally every 6 hours as needed for shortness of breath;</p> <p>-Senna-Lax Tablet. Give 2 tablet by mouth two times a day for constipation;</p> <p>-Tylenol extra strength oral tablet 500 mg. Give 2 tablet by mouth two times a day for pain;</p> <p>-Tylenol extra strength oral table 500 mg. Give 1 tablet by mouth two times a day;</p> <p>-Vitamin C oral tablet 500 mg. Give 1 tablet by mouth two times a day for supplement.</p> <p>During an interview on 9/26/24 at 2:00 P.M., the Administrator and Director of Nursing (DON) said when a resident is readmitted to the facility, the nurse should complete an assessment, document the resident's return, contact physician for order verification, add the medications to the MAR/TAR, and complete a skin assessment. They have to verify the medications in the EMR in order for the medications and treatments to be given. If they do not complete this step, the orders will not be shown as active. They will not be able to be seen at all. The DON and Administrator said they expected staff to notice within 24 hours after admission, dependent on the time the resident was readmitted . The DON said the Assistant Director of Nursing (ADON) is responsible to complete an audit on all admissions. If there is no discharge summary, then the nurse is to notify the physician. When the EMR does not show orders, then there will be no medications or treatments shown on the MAR/TAR. The Certified Medication Technician (CMT) or nurse must have an order to sign off the medication and treatment. The resident would not even have an active code status. The DON said for Resident #3, the medications were not reactivated or resumed so they were not able to be given. The readmission nurse called the physician, verified the orders, made a note, and did everything else correct. He/She just forgot to click a button that would have released the orders.</p> <p>During an interview on 9/26/24 at 2:40 P.M., Licensed Practical Nurse (LPN) C said the resident was seen by the wound physician yesterday. The resident had an open area to his/her left shin when he/she was sent to the hospital. The wound physician marked the area as healed on 9/25/24. LPN C said a skin assessment was completed but he/she had not documented the skin assessment yet.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 9/26/24 at 3:42 P.M., the DON said he/she just spoke to LPN D, who readmitted the resident on 9/24/24. There were 42 orders in the queue that are now shown as active. LPN D said he/she asked another nurse to verify he/she had completed the admission correctly. The DON said she spoke to this nurse who admitted to not checking the orders. The DON said she educated LPN D to check with the ADON or DON next time if he/she has questions. The DON reported she also talked to the CMTs and some reported they gave the resident his/her medications based on the previous orders. The DON said there is no way to prove they gave the medications. The DON said she called the physician. The physician said the resident did not have any adverse effects from the missed medications. There was not any medication that was missed that would cause harm.</p> <p>MO00242110</p>

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>44950</p> <p>Based on observation, interview and record review, facility staff failed to provide appropriate care and services to a resident with a gastrostomy tube (g-tube, a tube surgically placed into the stomach for administration of nutrition and medications) by failing to ensure the g-tube machine infused the correct amount of feeding formula and failed to turn off the g-tube machine at 8:00 A.M. as ordered on two of two days of observation. Resident #16. The sample was 14. The census was 166.</p> <p>Review of Resident #16's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 9/12/24, showed:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -Diagnoses included cancer, high blood pressure, kidney failure, septicemia (blood poisoning), pneumonia, hyperlipidemia (high level of lipids in the blood), stroke, hemiplegia (paralysis on one side), malnutrition, and respiratory failure; -Has a feeding tube; -Proportion of total calories the resident received through parenteral or tube feeding: 51% or more; -Average fluid intake per day by intravenous (IV) or tube feeding: 501 milliliter (ml)/day or more. <p>Review of the resident's care plan, in use during survey, showed:</p> <ul style="list-style-type: none"> -Focus: He/She requires continuous nocturnal tube feeding; -Goal: He/She will maintain adequate nutritional and hydration status, weight stable, no signs and symptoms of malnutrition or dehydration; -Interventions: He/She is dependent with tube feeding and water flushes. See physician's orders for current feeding orders; -He/She need assistance/supervision/cueing with tube feeding and water flushes. See physician's orders for current feeding orders. <p>Review of the resident's Physician's Orders Sheet (POS), dated November 2024, showed:</p> <ul style="list-style-type: none"> -An order, dated 9/5/24, nothing by mouth (NPO); -An order, dated 9/12/24, flush g-tube with H2O (water), 150 ml every four hours; <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-An order, dated 10/22/24, tube feeding, give Jevity (high protein, fiber fortified therapeutic nutrition for long or short term feeding) 1.5 infusing at 70 ml/ hour (hr) continuously for 20 hours, on at 12:00 P.M. and off at 8:00 A.M.</p> <p>Review of the resident's progress notes, dated 11/7/24 at 9:48 A.M., showed resident on Jevity 1.5 Cal infusing at 70 ml/hr. G-tube patent and intact. No signs and symptoms of discomfort or pain noted. Resident tolerating feeding well. Bed in lowest position with head of bed elevated and call light within reach. Will continue to monitor resident.</p> <p>Observation on 11/7/24 at 10:04 A.M., showed the resident in bed. The g-tube infused at 80 ml/hr, not the 70 ml/hr as ordered. Jevity 1.5 hung with a handwritten date of 11/7/24 at 5:00. Before midday (A.M.) or after midday (P.M.) was not specified. There was approximately 650 ml of Jevity 1.5 that remained in the container.</p> <p>Observation on 11/7/24 at 12:41 P.M., showed the resident in bed. The g-tube infused at 80 ml/hr, not the 70 ml/hr as ordered. Jevity 1.5 hung with approximately 500 ml that remained in the container.</p> <p>Observation and interview on 11/8/24 at 9:33 A.M., showed the resident in bed. The g-tube infused at 80 ml/hr. Licensed Practical Nurse (LPN) A entered the room and said he/she was late getting to the room. The resident's g-tube is to stop at 8:00 A.M. LPN A was asked to verify the resident's g-tube orders. LPN A said the g-tube infused at 70 ml/hr, but changed his/her answer to 80 ml/hr after looking at the machine. LPN A started the process of flushing and shutting off the g-tube.</p> <p>Observation on 11/8/24 at 12:28 P.M., showed the resident in bed. The g-tube infused at 70 ml/hr. Jevity 1.5 container hung with handwritten date of 11/8 at 12:00 P.M. There was a full container of Jevity 1.5 cal.</p> <p>During an interview on 11/8/24 at 12:45 P.M., LPN A confirmed that he/she changed the settings of the g-tube machine. The orders were for the g-tube to infuse at 70 ml/hr. LPN A said he/she had to change it from 80 ml to 70 ml.</p> <p>During an interview on 11/8/24 at 4:00 P.M., the Administrator and Director of Nursing (DON) and said they would expect staff to follow physician's orders. The nurse is responsible for checking the setting and to ensure it is set per physician's orders.</p>