STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265121	A. Building B. Wing	05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village Chesterfield	15250 Village View Drive 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)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from the wrongful use of the resident's belongings or money. 46104 Based on interview and record review, the facility failed to prevent staff misappropriation/diversion (the unauthorized removal) of controlled substances (medication that is regulated by the United States Drug Enforcement Administration (DEA) due to the potential of causing dependency and abuse) for four residents (Residents #1. #2, #3 and #4). This had the potential to affect all residents with controlled substance orders. The census was 82. Review of the facility's Abuse, Neglect, Exploitation, Mistreatment and Misappropriation of Resident Property Policy, dated 10/2022, showed: -Preface: -It is the policy of the facility to encourage and support all residents, staff, families, visitors, volunteers and resident representatives in reporting any suspected acts of abuse, neglect, exploitation, involuntary seclusion or misappropriation of resident property from abuse, neglect, misappropriation of resident property, and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. The term abuse (abuse, neglect, exploitation, involuntary seclusion or misappropriation of resident property from abuse, neglect, misappropriation of resident property, and exploitation) will be used throughout this policy unless specifically indicated; -An owner, licensee, Administrator, Licensed Nurse, employee or volunteer of a nursing home shall not physically, mentally or emotionally abuse, mistreat or neglect a resident. Any nursing home employee or volunteer who becomes aware of abuse, mistreatment, neglect, exploitation or misappropriation shall immediately report to the Nursing Home Administrator; -All alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately to the Administrator; -All owners, operators, employees, managers, agents, or contractors must report to the State Agency and one or more law enforcement entities any reasonable suspicion of a crime against an individual who is a resident of or is receiving care from the facility; (continued on next page)

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: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village Chesterfield	15250 Village View Drive 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)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Crime: is defined by law of the applicable political subdivision where the facility is located. A political subdivision would be a city, county, township or village, or any local unit of government created by or pursuant to State law.; -Immediately: means as soon as possible but ought not to exceed 24 hours after discovery of the incident, in the absence of a shorter State time frame requirement. *Immediately for the purposes of reporting a crime resulting in serious bodily injury means covered individual shall report immediately, but not more than 2 hours after forming the suspicion; -u. Misappropriation of resident property: as defined at S483.5, means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent.; -Abuse Policy: It is the policy of this facility that each resident will be free from Abuse. Abuse can include verbal, mental, sexual, or physical abuse, misappropriation of resident property and exploitation, corporal punishment or involuntary seclusion. The resident will also be free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. Additionally, residents will be protected from abuse, neglect, and harm while they are residing at the facility. No abuse or harm of any type will be tolerated, and residents and staff will be monitored for Protection. The facility will strive to educate staff and other applicable individuals in techniques to protect all parties; -Investigation regarding misappropriation: Examples of reportable allegations of Misappropriation of resident property that will be investigated include, but are not limited to: -Theft of property and valuables; -Staff coerced or unauthorized use of resident personal property; -Missing medications or diversion; -Additional Investigation Protocols: -While the investigation is being conducted, accused individuals not employed by the facility will be denied unsupervised access to the resident. Visits may only be made in designated areas, supervised by staff after approval by the Administrator; -External reporting: Each covered individual shall report to the State Agency and one or more law enforcement entities for the political subdivision in which the facility is located, any reasonable suspicion of a crime against any individual who is a resident of or is receiving care from, the facility, and each covered individual shall report immediately, but no more than two hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury. Examples of situations that would likely be considered crimes include, but are not limited to: -Theft/Robbery; -Drug diversion for personal use or gain. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of email sent by Licensed Practical Nurse (LPN) C on 4/23/24 at 7:02 A.M., showed: -From: LPN C; -Sent: 4/23/24 at 7:02 A.M.; -To: DON, Assistant Director of Nursing (ADON), LPN C; -Subject: LPN A excessive Norco (Hydrocodone-Acetaminophen, opioid, used for moderate-to-severe pain control) sign out; -LPN A is signing out Norco to residents as much as is allowed like three times yesterday and at 11:00 P.M. Resident #1 requested Tylenol (Acetaminophen) for pain and LPN C administered the Tylenol as needed (PRN) at 11:00 P.M. as the resident requested. Then later LPN C saw that LPN A had signed out Norco for Resident #1 at 11:00 P.M. and two other times to the resident yesterday evening (4/22/24). This is not a one-time occurrence. It is for every resident on main that has a PRN order for Norco for the last 3 months or longer. LPN A does not seem to have any residents that have pain if they are not on Norco, example on 4/1/2024, Registered Nurse (RN) E was the nurse on main on evening shift and LPN A worked as the Certified Medication Technician (CMT), and no one at all received any pain meds not even Norco. LPN A is the only nurse that signs out so much Norco. Hardly any Norco is given when LPN A is not here. LPN B even questioned this for Resident #3 as LPN A signed out a lot of Norco every shift, when he/she works. On my shift Resident #3 will only ask for PRN Tylenol. LPN A will sign out the number of pills on a lot of residents and then at the end of the shift LPN A will write in the time given and it is always the same time. LPN A charts that residents are not having pain but signs out as much as he/she is able to sign out for all residents on the Individual Patient Narcotic Record (IPNR) sheets only and all residents have the same time that he/she gave them Norco this can be verified on the monitor camera at the end of LPN A's shift. LPN A does not sign in Electronic Treatment Record (eTAR) that Norco was given. This all can be verified in resident electronic chart. I can give more dates if needed referring to how much is signed out by LPN A. LPN A only gives Norco to residents that would not remember or would not be questioned. Check Resident #2's chart when he/she was given Norco four times in one day, day and evening shift that LPN A had worked, and that night Resident #2 asked for Tylenol and did not want Norco. Resident #2 stated that he/she only takes it at bedtime and after I mention this to LPN B, LPN A went back to once daily at bedtime. LPN A will not sign out Norco to alert residents unless they ask for it, this can be verified with the sign outs on the IPNR sheet. Why does LPN A only give PRN Norco pain medication. The residents do not get pain PRN, Tylenol, or tramadol. Does the Doctor and Nurse Practitioner know that the residents are receiving so much pain med on evening shift only. I hope that you all trust and believe me. Review of the Facility Investigation Report, dated 4/24/24, showed: -Investigation: -The DON, received an email from LPN C night shift, on 4/23/24. In the email LPN C voiced some concerns over the amount and documentation of pain pills given out by the evening shift nurse, LPN A. He/She was concerned about the amount of Norco residents were documented as received and the fact that hardly any pain medication was given to these same residents on other shifts. (The copy of the email follows); (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-On 4/23/24 the DON interviewed two of the alert residents, Resident #1 and Resident #2, who confirmed they hadn't received pain pills at the recent times it was documented. (DON's interview summaries follow). Narcotic count sheets were reviewed and it appeared Norco was given out regularly by LPN C to these residents routinely despite it being PRN prescription; -On 4/23/24 the DON requested video footage from the camera near the Main nurses station. She reviewed the footage and found nothing to confirm the medications were given or proof that they weren't; -On 4/24/24, the DON re-interviewed Resident #1 and the resident confirmed he/she hadn't received pain medication at the times LPN A had signed them out for giving; -The DON interviewed Resident #4 on 4/24/24. He/She stated he/she only receives medications from CMT F. It was documented that Resident #4 had received pain medications from LPN A; - Resident #3 was not interviewed but was suspected to be a victim. He/She is a poor historian; -Review of residents' narcotic record documentation revealed that LPN A had documented the giving of Norco on many occasions over the past month that alert residents were unable to confirm they received; -The Administrator contacted the police department on 4/24/24. Police Officer (PO) H took down the report details. He/She interviewed Resident #1 and Resident #2. PO H concluded that there is a probable misappropriation of property and theft of narcotics. The facility has cooperated with the police with additional information for the prosecutor to determine what charges if any will be brought against LPN A; -On Thursday 4/25/24, LPN A returned for work after a day off and was interviewed by the DON and Administrator. After voicing the suspicions of LPN A's misappropriating residents' medications, we asked LPN A for an explanation. LPN A immediately confessed he/she had been taking the medications and he/she had a problem with addiction that he/she hasn't faced. The DON and Administrator encouraged him/her to seek help and he/she was dismissed from employment at the facility; -Conclusion and Remedy: -The allegation of misappropriation of resident property is substantiated. LPN A has been terminated from employment at the facility; -The facility is preparing to file a complaint with the Missouri Board of Nursing on LPN A related to this incident; -A request will be sent to the pharmacy to credit the dollar amount of the last order of Norco for the residents believed to have been affected; -The facility has a follow up meeting with the police department Wednesday 5/1/24 with PO H; -The misappropriation of resident's property policy will be reviewed with nursing staff and signed off on. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village Chesterfield	15250 Village View Drive 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)

F 0602

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

Review of the DON's interview summaries, dated 4/24/24, showed:

-On 4/23/24, no time documented, spoke with Resident #1 regarding pain medication, Norco. The DON asked the resident how his/her pain was. The resident stated he/she often has more pain than no pain. The DON asked the resident if he/she felt his/her pain medication was effective. The resident said yes. The DON asked how often he/she thought he/she needed to take pain meds. The resident stated often but more during the day. The DON asked if he/she took it often in the evening. Resident stated he/she did maybe once, but he/she would not take any close to bedtime because it makes him/her hallucinate. Due to IPNR sign out sheet showing Norco was given on 4/22/24 at 11:00 P.M. by LPN A the DON asked the resident if he/she received a pain pill the night before at bedtime. The resident stated, if he/she did it would have been Tylenol because he/she does not take Norco at bedtime because he/she hallucinates;

-On 4/23/24, no time documented, the DON spoke with Resident #2 who was sitting with his/her family member. The DON asked the resident how his/her pain was and the resident stated fine. The DON asked the resident if he/she had been needing to take Norco for pain. The resident stated he/she has not taken pain pills in the last month. I asked the resident if he/she recalled recently requesting Norco as it had been signed out on IPNR sheet on 4/19/24. Resident once again stated he/she hasn't used this in a while;

-On 4/24/24, no time documented, the DON spoke with Resident #1 again as Norco was signed out on 4/23/24 at 12:00 P.M., 3:00 P.M., 5:00 P.M., and at 10:00 P.M. The resident stated yes, he/she received all doses except for the 10:00 P.M. dose. The resident stated he/she does not take Norco at bedtime;

-On 4/24/24, no time documented, the DON spoke with Resident #4 regarding pain and if pain medications are effective. The resident stated when he/she has pain he/she asks for Tylenol and CMT F brings it in. The DON asked if a nurse had to bring him/her a stronger pain medication like Norco the day before on 4/23/24. The resident said that he/she received all her medications from CMT F.

Review of Police Department Investigative Report, dated 4/24/24, showed:

-Date/Time received: 4/24/24 at 3:53 P.M.;

-Date/Time dispatch: 4/24/24 at 3:53 P.M.;

-Date/Time arrival: 4/24/24 at 3:56 P.M.;

-Offense: Stealing and possession;

-Nature: Larceny;

-Premise: Nursing Home;

-Victim Business #1 information:

-Will prosecute: checked;

(continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Victim Business #2: Resident #15; -Victim #3 information: -Additional party information: ED; -Subject information: LPN A; -Property information: -Property roles: stolen, taken without owner's consent, fraud transaction/good/service; -Property classification: drug/narcotics; -Quantity: one; -Article: medication; -Property value: $1.00; -Property value: $1.00; -Narrative: -On 04/24/2024, PO H received a message from dispatch asking him/her to contact the Administrator with the facility about an employee stealing. Due to the nature of the call, I decided to respond in person the facility. Upon my arrival, I was met by reporting party the Administrator. He explained that he had reason to believe that an LPN had been stealing controlled medications from residents at the facility. The Administrator identified LPN A, who had been employed by the facility since 09/28/2023. The Administrator stated that the trouble began when another nurse, LPN C, came to him with concerns that residents were not receiving medication that LPN A was signing out of the medication book. The Administrator asked the residents in question if they had received their controlled medications, to which they denied. However, when the nursing documentation was reviewed, it showed that they had received the medication and LPN A had administered it. I asked the Administrator if it would be OK to interview the residents who denied receiving their controlled medication, and the Administrator advised that it would be OK; -At 1625 hours on the above date, I spoke with Resident #2, who stated that he/she was prescribed Norco. I asked Resident #2 when he/she last took the medication, to which he/she replied she was unsure but knew that she had not taken any nurse medication in the last month. When Resident #2 was asked to clarify what she meant by nurse medication, Resident #2 said it was medication he/she had to ask the nurse to bring him/her. It should be noted that Resident #2 was very concerned that she might be getting LPN A in trouble and that he/she did not believe that LPN A was the kind of person on drugs. According to records, LPN A had signed out to Resident #2 on several occasions; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-At 1635, I spoke with Resident #1, who stated that he/she was prescribed Norco. It is important to mention that Resident #1 is a former nurse himself/herself, and he/she noted that he/she understood why we were asking questions about LPN A. Resident #1 noted that he/she did take the Norco but never took it after 2:00 P.M. because it gave her night terrors. According to records, LPN A had signed out Norco to Resident #1 at night on several occasions. On the above date, at 11:00 P.M., PO H returned to the facility to meet with reporting LPN C. LPN C stated that he/she had often observed LPN A making what he/she believed to be false entries into the controlled medication log. He/She believed that LPN A was signing out medications to residents and then keeping them for himself/herself because some of the residents had not required pain meds and Resident #1 never took those pills at night. LPN C reported his/her suspicions to his/her supervisors; -On 04/26/2024, I received an email from the Administrator that stated the following: -Hi PO H, I wanted to give you an update on our investigation that you responded to on Wednesday 4/24/24 evening. The Administrator and DON met with LPN A when he/she arrived at work on Thursday 4/25/24 at about 2:30 P.M. We verbally presented our findings to LPN A. I then asked him/her if he/she had any explanation for our conclusion that he/she was misappropriating medications. LPN A broke down crying and he/she admitted to having a problem with narcotics and hasn't been able to quit. LPN A was visibly trembling and apologetic for his/her actions. LPN A stated he/she knows she/he needs help. We talked for some time and offered some resources for LPN A to seek help, which he/she assured us he/she would. We parted ways with him/her understanding that the Department of Health and Senior Services (DHSS), the police, and the nursing board would probably get involved. I encouraged him/her to cooperate fully. I then visited with the same two residents you interviewed, Resident #2 and Resident #1. I told them that LPN A had confessed to taking medications. Neither wants to press charges for their medications, which were presumably taken. I will contact two other resident representatives to see if they are interested in pressing charges. The Administrator stated he has copies of documents that support the accusations if the PO H would like to see/have them; -On 05/01/2024 at 3:30 P.M. hours, PO H met with the Administrator and received a copy of the findings that include the following: Summary of resident interviews. Copy of email from Witness LPN C. Face sheet medicine list and narcotic records for Resident #2 (5 pages). Face sheet medicine list and narcotic records for Resident #4 (3 pages). Face sheet medicine list and narcotic records for Resident #3 (5 pages). Face sheet medicine list and narcotic records for Resident #4 (3 pages). All documentation from the Administrator is attached to this report; -On 05/01/2024, PO H called LPN A and asked him/her to come to the station to make a statement. LPN A stated that he/she would have to rearrange his/her schedule to make time to meet. I explained to LPN A that I would give him/her until 05/02/2024 to arrange to meet. -On 05/02/2024 PO H again attempted to contact LPN A and left voicemail and text messages for him/her to contact PO H. PO H was met with negative results; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-On 05/03/2024 I received a call from Attorney G. Attorney G left a voice mail stating that he/she would be representing LPN A, and he/she would not be making any statements. I attempted to return the call to Attorney G to inform him/her that LPN A would need to come in to be fingerprinted and booked. At this time, PO H has not received a call back from LPN A or his/her attorney. Investigation to continue; -Investigation information: -Date/Time: Monday, 5/13/24 at 9:00 P.M.; -Supplement purpose: Warrant screen; -Nature: Larceny; -Warrant Application Information: -LPN A; -Warrant Information: -Application date: 5/13/24; -Prosecuted by: State Prosecutor; -Final Approval: Wednesday, 5/15/24 at 7:57 A.M. Review of the Employee Corrective Action Notice, dated 4/25/24, showed: -Discharge, marked with an X; -Today's date: 4/25/24; -Employee name: LPN A; -Employee's department and position: Nursing LPN; -Date of last corrective action: not applicable (N/A); -Level of corrective action: N/A; -Corrective action Subject (list proof of knowledge such as policies, job description, training, etc.): Nursing personnel are to document accurately and truthfully. Staff was fully aware of the misappropriation of resident property policy; -Date of occurrence: Various times; -Description of occurrence (list only facts): Employee was falsifying narcotic records as given to residents and was taking medications for self; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village Chesterfield	15250 Village View Drive 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)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Expectation: Staff is expected to follow misappropriation of resident property and document the delivery of medication to residents accurately; -Employee Statement: LPN A when presented with evidence admitted he/she had taken the medications and suffers from addiction. During an interview on 5/17/24 at 9:09 A.M., LPN C said he/she sometime in January 2024 he/she noticed LPN A was signing out Norco frequently because LPN A was off work for a few days and LPN C noticed the Norco was not being signed out for residents when LPN A was off work. When LPN A returned to work, he/she began signing out the maximum amount of PRN Norco for residents that had a PRN order on his/her shift. LPN C said he/she mentioned to the ADON, when she came in to work because of an ice storm, that something did not look right when doing the count for Resident #3 and mentioned that Resident #3 only takes Tylenol on his/her shift. LPN C did not have any other conversations with management after that until he/she sent an email the morning of 4/23/24. LPN C said LPN A would frequently not have the IPNR sheets filled out completely when he/she would arrive for his/her shift. LPN C said that LPN A had numbers written in the far-left column of the IPNR sheets that show the total amount of pills remaining on the card and would put like 16, 15 and would not have the other information filled out on the IPNR like time date or his/her signature. So, when LPN C and LPN A would count the actual numbers it would be correct. LPN A would then finish filling out the rest of the information after LPN C and LPN A counted. LPN C said LPN A had often written the same times down for multiple residents when he/she filled in the information after counting. LPN C said that he/she came in to work the night shift on 4/22/24 around 10:25 P.M. and Resident #1 requested Tylenol at 11:00 P.M. LPN C said he/she administered the Tylenol per the resident request. Later that night LPN C noticed that LPN A had signed out Norco to Resident #1 at 11:00 P.M. on 4/22/24. LPN C said he/she did not talk to Resident #1 about it because he/she was unsure how to talk to the resident about it. LPN C sent an email to the DON and ADON regarding his/her concerns that following morning on 4/23/24. LPN C said that nobody in management reached out to ask any questions after the email was sent. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village Chesterfield	15250 Village View Drive 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)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 5/22/24 at 2:36 P.M., the ADON said she was grateful that LPN C brought the concern to her attention by sending the email the morning of 4/23/24. The ADON said this was the first time she recalled any concerns being brought to her attention related to LPN A misappropriating medications. The ADON and the Unit Manager (UM) looked at the IPNR on Main Hall where LPN A worked and said, When we looked at the sheets we were like, Oh, something is wrong, it just screamed at you when you looked at it. The ADON said it was obvious that LPN A was signing out the narcotics to residents like LPN C described in the email. ADON said no other nurses were signing out narcotics like LPN A. The ADON said her, and the UM discussed wanting to start looking at the IPNR sheets weekly on Fridays because before they were not looking at the IPNR sheets. The ADON said if her and the UM had been monitoring the IPNR sheets they would have caught it earlier. The ADON said her and the UM have not started looking at the IPNR sheets on Friday yet but they plan to start this week. The ADON said she has worked with Resident #2 on day shift and evening shift and the ADON has never heard Resident #2 complain of pain and never requested pain medication from the ADON. The ADON said Resident #2 is vocal and would let the ADON know if he/she was in pain and needed pain medication. The ADON said Resident #1 has requested pain medication from the ADON in the evening usually before or after dinner but not late in the evening. The ADON said she never gave Resident #3 PRN pain medication. The ADON said she never remembered Resident #3 complaining of pain. The ADON said it would be weird if a nurse would only document the number of pills remaining and did not have all the other information filled in when counting, that would be a cause for concern. The ADON said if a resident had available medication on the nurse's cart there would be no reason to pull that same medication from the cubex. During an interview on 5/30/24 at 9:43 A.M., the Administrator said LPN A admitted to stealing narcotics from the residents on 4/25/24 during the interview he and the DON had with LPN A. LPN A was terminated on 4/25/24. MO00235186

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village Chesterfield	15250 Village View Drive 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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 46104 Based on interview and record review, the facility failed to prevent further misappropriation/diversion (the unauthorized removal) of controlled substances (medication that is regulated by the United States Drug Enforcement Administration (DEA) due to the potential of causing dependency and abuse) by not following the facility's policy for suspension during an investigation. Licensed Practical Nurse (LPN) C reported alleged violations of misappropriation/diversion by LPN A on the morning of 4/23/24 at 7:02 A.M. The facility allowed LPN A to work the evening shift on 4/23/24 while the facility investigated the allegation. LPN B continued the misappropriation/diversion with three residents (Residents #1, #3 and #4) when LPN B was not suspended. In addition, the facility failed to conduct a thorough investigation, by not following the facility's policy of interviewing additional staff and residents regarding the misappropriation/diversion. This had the potential to affect all residents with controlled substance orders. The census was 82. Review of the facility's Abuse, Neglect, Exploitation, Mistreatment and Misappropriation of Resident Property Policy, dated 10/2022, showed: -Preface: -It is the policy of the facility to encourage and support all residents, staff, families, visitors, volunteers and resident representatives in reporting any suspected acts of abuse, neglect, exploitation, involuntary seclusion or misappropriation of resident property from abuse, neglect, misappropriation of resident property, and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. The term abuse (abuse, neglect, exploitation, involuntary seclusion or misappropriation of resident property from abuse, neglect, misappropriation of resident property, and exploitation) will be used throughout this policy unless specifically indicated; -An owner, licensee, Administrator, Licensed Nurse, employee or volunteer of a nursing home shall not physically, mentally or emotionally abuse, mistreat or neglect a resident. Any nursing home employee or volunteer who becomes aware of abuse, mistreatment, neglect, exploitation or misappropriation shall immediately report to the Nursing Home Administrator; -All alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately to the Administrator; -All owners, operators, employees, managers, agents, or contractors must report to the State Agency and one or more law enforcement entities any reasonable suspicion of a crime against an individual who is a resident of or is receiving care from the facility; -An immediate report, not later than two hours after forming a suspicion that the events resulted in serious bodily injury; -Not later than 24-hours if the events did not result in serious bodily injury; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The Nursing Home Administrator or designee will report abuse to the state agency per State and Federal requirements; -Definitions of Abuse and Neglect: -Abuse and neglect exist in various forms and degrees. The following are the approved CMS definitions of abuse and neglect from Advanced Copy of the State Operations Manual, Appendix PP - Guidance to Surveyors for Long Term Care Facilities: -b. Alleged violation: is a situation or occurrence that is observed or reported by staff, resident, relative, visitor or others but has not yet been investigated and, if verified, could be noncompliance with the Federal requirements related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property.; -Crime: is defined by law of the applicable political subdivision where the facility is located. A political subdivision would be a city, county, township or village, or any local unit of government created by or pursuant to State law.; -Immediately: means as soon as possible but ought not to exceed 24 hours after discovery of the incident, in the absence of a shorter State time frame requirement. *Immediately for the purposes of reporting a crime resulting in serious bodily injury means covered individual shall report immediately, but not more than 2 hours after forming the suspicion; -u. Misappropriation of resident property: as defined at S483.5, means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent.; -Abuse Policy: It is the policy of this facility that each resident will be free from Abuse. Abuse can include verbal, mental, sexual, or physical abuse, misappropriation of resident property and exploitation, corporal punishment or involuntary seclusion. The resident will also be free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. Additionally, residents will be protected from abuse, neglect, and harm while they are residing at the facility. No abuse or harm of any type will be tolerated, and residents and staff will be monitored for Protection. The facility will strive to educate staff and other applicable individuals in techniques to protect all parties; -Objective of Abuse policy: The objective of the abuse policy is to comply with the seven-step approach to abuse and neglect detection and prevention. The abuse policy will be reviewed on an annual basis or more frequently and will be integrated into the facility Quality Assurance and Performance Improvement (QAPI) program; -Overview of eight components: -Screening; -Training; -Prevention; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Identification; -Investigation; -Protection; -Reporting and Response; -Coordination with QAPI; -8. Training components: Abuse policy requirements: It is the policy of this facility that all new and existing employees on all forms abuse, neglect, exploitation of residents, misappropriation of resident property, corporal punishment, injuries of unknown source, and involuntary seclusion, including freedom from physical or chemical restraints not required to treat a resident's medical symptoms. Training shall include prohibiting and prevention, identification, recognition, reporting and understanding behavioral symptoms that may increase risk of abuse and neglect in order to properly respond; -Procedure: All employees and volunteers will receive education about all forms of abuse, neglect, exploitation of residents, misappropriation of resident property, injuries of unknown origin, corporal punishment, and involuntary seclusion, including freedom from physical or chemical restraints not required to treat a resident's medical symptoms. upon first employment and annually after that, incorporating the following elements: -Orientation and ongoing programs; -Training on the abuse policies and procedures; -Prohibiting and preventing all forms of abuse; -Identification of what constitutes abuse, neglect, exploitation of residents, misappropriation of resident property, corporal punishment, and involuntary seclusion, including freedom from physical or chemical restraints not required to treat a resident's medical symptoms; -Recognition of signs of abuse, neglect, exploitation of residents, misappropriation; of resident property, corporal punishment, and involuntary seclusion, including freedom from physical or chemical restraints not required to treat a resident's medical symptoms; -Reporting of abuse, neglect, exploitation of residents, misappropriation of resident property, corporal punishment, and involuntary seclusion, including freedom from physical or chemical restraints not required to treat a resident's medical symptoms; -How to report abuse without fear of reprisal; -The definitions of what constitutes abuse, neglect, exploitation of residents, misappropriation of resident property, injuries of unknown origin, corporal punishment, and involuntary seclusion, including freedom from physical or chemical restraints not required to treat a resident's medical symptoms; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-How to identify residents at risk for neglect or abuse; -Resident [NAME] of Rights; -Annual notification of covered individuals of their obligation to comply with reporting of a crime requirements; -C. Prevention: Abuse policy requirements: It is the policy of this facility to prevent abuse by establishing a safe environment, identifying, correcting and intervening in situations in which abuse, is more likely to occur, put systems in place for provision of care and services for all residents, assessing and implementing appropriate interventions for residents with needs and/or behaviors that could lead to conflict or neglect, ensure the health and safety of all residents in regards to visitors and provide residents and their representatives information on how and to whom to report concerns or grievances without fear of reprisal; -Procedure: -7. Supervision of staff: Staff will be supervised to identify inappropriate behaviors while caring for or in attendance with residents; -D. Identification: Abuse policy requirements: It is the policy of this facility that all staff monitor residents and trained on how to identify potential signs and symptoms of abuse, neglect, exploitation of residents, misappropriation of resident property, injuries of unknown origin, corporal punishment, and involuntary seclusion, including freedom from physical or chemical restraints not required to treat a resident's medical symptoms. Occurrences, patterns and trends that may constitute abuse will be investigated; -Procedure: All staff will receive education about how to identify signs and symptoms of abuse, neglect, exploitation of residents, misappropriation of resident property, injuries of unknown origin, corporal punishment, and involuntary seclusion, including freedom from physical or chemical restraints not required to treat a resident's medical symptoms. Residents will be monitored for possible signs of abuse. Symptoms that will be monitored; -E. Investigation: Abuse policy requirements: It is the policy of this facility that reports of abuse, neglect, exploitation of residents, misappropriation of resident property, injuries of unknown origin, corporal punishment, and involuntary seclusion, including freedom from physical or chemical restraints not required to treat a resident's medical symptoms, are promptly and thoroughly investigated; -Procedure: The investigation is the process used to try to determine what happened. The designated facility personnel will begin the investigation immediately. A root cause investigation and analysis will be completed. The information gathered is given to administration; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-a. Investigation of abuse: When an incident or suspected incident of abuse, neglect, exploitation of residents, misappropriation of resident property, injuries of unknown origin, corporal punishment, and involuntary seclusion, including freedom from physical or chemical restraints not required to treat a resident's medical symptoms, is reported, the Administrator or designee will investigate the incident with the assistance of appropriate personnel. During the investigation, caution will be exercised when handling evidence that could potentially be used in a criminal investigation. The investigation will include statements from all individuals involved to include: - i. Statement from individual reporting alleged abuse; -ii. Residents' statements; -For non-verbal residents, cognitively impaired residents or residents who refuse to be interviewed, attempt to interview the resident first. If unable, observe resident, complete an evaluation of resident behavior, affect and response to interaction, and document findings; -v. All involved staff who have or may have witnessed the abuse; -ix. Observation of resident and staff behaviors during the investigation; -xi. A complete and thorough documentation of the entire investigation. All staff must cooperate during the investigation to assure the resident is fully protected; -b. Investigation regarding misappropriation: Examples of reportable allegations of Misappropriation of resident property that will be investigated include, but are not limited to: -Theft of property and valuables; -Staff coerced or unauthorized use of resident personal property; -Missing medications or diversion; -For missing items, the administrator or designee will direct completion of an active search for missing item(s) including documentation of investigation; -1. The investigation will consist of at least the following: -A review of the completed complaint report; -An interview with the person or persons reporting the incident; -Interviews with any witnesses to the incident; -A review of the resident medical record if indicated; -An interview with staff members having contact with the resident during the relevant periods or shifts of the alleged incident; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Interviews with the resident's roommate, family members, and visitors; -A root-cause analysis of all circumstances surrounding the incident; -Additional Investigation Protocols: -While the investigation is being conducted, accused individuals not employed by the facility will be denied unsupervised access to the resident. Visits may only be made in designated areas, supervised by staff after approval by the Administrator; -The Administrator will keep the resident or his/her resident representative informed of the progress of the investigation; -The results of the investigation will be documented and attached to the report; -The Administrator or human resources designee will complete a copy of the investigation materials; -The Administrator or designee will inform the resident and/or his/her representative of the findings of the investigation and corrective action taken; -Inquiries made concerning abuse reporting and investigation must be referred to the Administrator or Designee; -If the investigation shows abuse, neglect, exploitation of residents, misappropriation of resident property, injuries of unknown origin, corporal punishment, and involuntary seclusion or a crime did take place, the employee will be disciplined, up to and including termination; -i. If licensed staff member, if found at fault - must be reported to the applicable licensing board; -ii. Complaints about a nursing assistant must be reported to the State Specific Agency for Nursing Assistants. An investigation must be completed before a finding can be substantiated and entered onto the Registry; -iii. If the Department of Health determines an aide mistreated a resident or misused a resident's property, the Department will notify the aide of their intention to put this information on the registry; -If the investigation shows abuse or a crime was unsubstantiated, the employee's individual situation will be reviewed to determine, reinstatement, and further training education needs in coordination with the Administrator, Director of Nursing (DON) and Human Resources; -The resident and /or family will be notified of the completion of the investigation and whether the incident was substantiated. Information will be provided according to confidentiality guidelines; -F. Protection: Abuse policy requirements: It is the policy of this facility that the resident(s) will be protected from the alleged offender(s); (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Procedure: Immediately upon receiving a report of alleged abuse, neglect, exploitation of residents, misappropriation of resident property, injuries of unknown origin, corporal punishment, and involuntary seclusion, including freedom from physical or chemical restraints not required to treat a resident's medical symptoms, the Administrator, and or designee will immediately protect the resident, and coordinate delivery of appropriate medical and/or psychological care and attention. Ensuring safety and well-being for the vulnerable individual are of utmost priority. Safety, security and support of the resident, their roommate, if applicable and other residents with the potential to be affected will be provided. This should include as appropriate: -Procedures must be in place to provide the resident with a safe, protected environment during the investigation: -ii. The alleged perpetrator will immediately be removed and the resident protected. Employees accused of alleged abuse, neglect, exploitation of residents, misappropriation of resident property, injuries of unknown origin, corporal punishment, and involuntary seclusion be immediately removed from the facility and will remain removed pending the results of a thorough investigation. (Decision of the extent of immediate disciplinary action will be made by the Administrator or designee); -v. Examine, assess and interview the resident and other residents potentially affected immediately to determine any injury, complete a psychosocial assessment if needed, and identify any immediate clinical interventions necessary. Notify resident physician; -vi. Social Services or designee should keep in frequent contact with the resident and/or resident representative; -Notification of law enforcement and/or State Agency, Crisis Response, Poison Control, etc. as indicated; -G. Reporting and response: Abuse policy requirements: It is the policy of this facility that abuse, neglect, exploitation of residents, misappropriation of resident property, injuries of unknown origin, corporal punishment, and involuntary seclusion allegations are reported per Federal and State Law. The facility will ensure that: -All alleged violations involving abuse, neglect, exploitation of residents, misappropriation of resident property, injuries of unknown origin, corporal punishment, and involuntary seclusion are reported immediately to the administrator; -All alleged violations of abuse, neglect, exploitation of residents, misappropriation of resident property, injuries of unknown origin, corporal punishment, and involuntary seclusion must also be reported by the facility to officials in accordance with State law, including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities; -a. Immediately, but not later than two hours if the alleged violation involves abuse or results in serious bodily injury; -b. Not later than 24 hours if the alleged violation involves neglect, exploitation, mistreatment or misappropriation of resident property and does not result in serious bodily injury; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-c. Results of all investigations of alleged violations must be reported within five working days of the incident; -If there is any reasonable suspicion of a crime against a resident or any other individual that receives care from the facility a covered individual must report to the State Survey Agency and one or more law enforcement entities: -a. For serious bodily injury, immediately but not later than 2 hours after forming the suspicion; -b. If no serious bodily injury- not later than 24 hours; -Covered individuals will be provided education upon hire and on an annual basis on reporting requirements to include how is a covered individual, each individual's independent obligation to report the suspicion of a crime directly to local law enforcement and State Survey Agency, timeframe, penalties associated for failure to report and documentation; -Temporary/agency/contracted staff will be provided with education on reporting requirements and the abuse policy and procedure; -Internal reporting: -a. Employees must always report any abuse, neglect, exploitation, misappropriation of resident property, injuries of unknown origin, involuntary seclusion or corporal punishment or suspicion of abuse immediately to the Administrator. Note: Failure to report can make employee just as responsible for the abuse in accordance with State Law; -b. The Administrator will involve key leadership personnel as necessary to assist with reporting, investigation and follow-up; -External reporting: Each covered individual shall report to the State Agency and one or more law enforcement entities for the political subdivision in which the facility is located, any reasonable suspicion of a crime against any individual who is a resident of or is receiving care from, the facility, and each covered individual shall report immediately, but no more than two hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury. Examples of situations that would likely be considered crimes include, but are not limited to: -Theft/Robbery; -Drug diversion for personal use or gain; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Facility initial reporting of allegations: For all allegations of abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, the Administrator or designee will notify officials in accordance with State law, to include the State Survey Agency and adult protect services where state law provides for jurisdiction in long-term care facilities immediately but not later than two hours if the alleged violation involves abuse or results in serious bodily injury or not later than 24 hours if the alleged violation involves neglect, exploitation, mistreatment, or misappropriation of resident property; and does not result in serious bodily injury. A follow up report of the results of the investigation will be submitted to the State Agency within five working days. When making a report, the following information should be reported: -Facility name, CMS Certification Number, Address, Phone Number and Email Address; -Type of abuse reported (physical, sexual, misappropriation of property, exploitation, neglect, verbal or mental abuse, injury of unknown source, suspected crime, etc.; -Date, time, location and circumstances of the alleged incident; -Date and time Administrator was notified of incident and by whom; -Name, position if staff, relationship to victim and contact information to witness(es) and person reporting abuse; -Name of resident victim, date of birth and current location of resident; -Notification to law enforcement, agency, contact person, date and time and name of individual reporting; -Notification to other agencies (i.e., Adult Protective Services, Ombudsman, etc.); -Report/Notification to resident's attending physician; -Steps the facility has taken to protect the resident; -Name(s), position and social security number(s) of staff (alleged perpetrator) involved and contact information if known. If not a staff member, relationship to alleged victim; -Name, title, date and contact information (phone and email) of person submitting report; -Report the results of the investigation to officials in accordance with State law, and to the State Agency, within five working days of the incident; -Brief description of additional information and updates; -Additional description of outcomes to the resident; -Include date and time allegation was reported to resident representative; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Include, if applicable, the date, time and outcome for reports made to additional agencies (i.e., nurse aide registry, professional licensing boards, etc.); -Detailed summary of all steps taken to investigate the allegation; -Summary of interviews with resident; -Identification of resident psychosocial distress and harm; -Summary of witness statements; -Summary of interview with alleged perpetrator; -Summary of additional interviews (i.e., other residents, supervisors, etc.); -Additional resident information from the resident record; -Hospital or medical progress notes, law enforcement reports, death reports, etc., as applicable; -Conclusion- indicate if verified, not verified or inconclusive; -All reports submitted will be accurate to the best of its knowledge at the time of submission; -The Administrator or designee will inform the resident or resident's representative of the report of an incident and that an investigation is being conducted; -The resident and /or resident representative will be notified of the completion of the investigation and whether the incident was substantiated. Information will be provided according to confidentiality guidelines; -Covered individuals are obligated to comply with reporting requirements. If uncertain whether or not to report an incident, call the State Agency for further direction: -Employees will be trained on an annual basis on requirements to report abuse and reasonable suspicion of a crime; -Employee rights will be posted (identify the conspicuous location); -The facility will protect reporting individuals from potential retaliation; -The Administrator or designee will report to the Medical Director; -For the protection of all individuals involved, copies of any internal reports, interviews and witness statements during the course of the investigation shall be released only with the permission of the Administrator or the facility attorney; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Coordination with QAPI: Abuse policy requirements: It is the policy of this facility that the administrator or designee will communicate and coordinate situations of abuse, neglect, misappropriation of resident property, exploitation, involuntary seclusion, injuries of unknown origin and corporal punishment with the QAPI program; -Procedure: All cases of physical or sexual abuse will require corrective action and tracking by the QAA (Quality Assessment and Assurance) Committee. The QAA Committee will review and conduct a coordinated effort to determine: -If a thorough investigation has been conducted; -If the resident(s) is protected; -Whether an analysis was conducted to determine reason situation occurred; -Risk factors, if any, that could have contributed to the abuse; -Further need for systematic action; -Policy and Procedure revisions; -Additional training for employees; -Training for residents and resident representatives on reporting without fear of repercussions; -Measures to verify implementation of correction actions within identified timeframes; -Tracking patterns of similar occurrences. 1. Review of an email sent by LPN C on 4/23/24 at 7:02 A.M., showed: -From: LPN C; -Sent: 4/23/24 at 7:02 A.M.; -To: DON, Assistant Director of Nursing (ADON), LPN C; -Subject: LPN A excessive Norco (Hydrocodone-Acetaminophen, opioid, used for moderate-to-severe pain control) sign out; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-LPN A is signing out Norco to residents as much as is allowed like 3 times yesterday and at 11:00 P.M. Resident #1 requested Tylenol (Acetaminophen) for pain and LPN C administered the Tylenol as needed (PRN) at 11:00 P.M. as the resident requested. Then later LPN C saw that LPN A had signed out Norco for Resident #1 at 11:00 P.M. and two other times to the resident yesterday evening (4/22/24). This is not a one-time occurrence. It is for every resident on main that has a PRN order for Norco for the last 3 months or longer. LPN A does not seem to have any residents that have pain if they are not on Norco, example on 4/1/2024, Registered Nurse (RN) E was the nurse on main on evening shift and LPN A worked as the Certified Medication Technician (CMT), and no one at all received any pain meds not even Norco. LPN A is the only nurse that signs out so much Norco. Hardly any Norco is given when LPN A is not here. LPN B even questioned this for Resident #3 as LPN A signed out a lot of Norco every shift, when he/she works. On my shift Resident #3 will only ask for PRN Tylenol. LPN A will sign out the number of pills on a lot of residents and then at the end of the shift LPN A will write in the time given and it is always the same time. LPN A charts that residents are not having pain but signs out as much as he/she is able to sign out for all residents on the Individual Patient Narcotic Record (IPNR) sheets only and all residents have the same time that he/she gave them Norco this can be verified on the monitor camera at the end of LPN A's shift. LPN A does not sign in Electronic Treatment Record (eTAR) that Norco was given. This all can be verified in resident electronic chart. I can give more dates if needed referring to how much is signed out by LPN A. LPN A only gives Norco to residents that would not remember or would not be questioned. Check Resident #2's chart when he/she was given Norco four times in one day, day and evening shift that LPN A had worked, and that night Resident #2 asked for Tylenol and did not want Norco. Resident #2 stated that he/she only takes it at bedtime and after I mention this to LPN B, LPN A went back to once daily at bedtime. LPN A will not sign out Norco to alert residents unless they ask for it, this can be verified with the sign outs on the IPNR sheet. Why does LPN A only give PRN Norco pain medication. The residents do not get pain PRN, Tylenol, or tramadol. Does the Doctor and Nurse Practitioner know that the residents are receiving so much pain med on evening shift only. I hope that you all trust and believe me. Review of the Facility Investigation Report, dated 4/24/24, showed: -Investigation: -The DON, received an email from LPN C night shift, on 4/23/24. In the email LPN C voiced some concerns over the amount and documentation of pain pills given out by the evening shift nurse, LPN A. He/She was concerned about the amount of Norco residents were documented as received and the fact that hardly any pain medication was given to these same residents on other shifts. (The copy of the email follows); -On 4/23/24 the DON interviewed two of the alert residents, Resident #1 and Resident #2, who confirmed they hadn't received pain pills at the recent times it was documented. (DON's interview summaries follow). Narcotic count sheets were reviewed and it appeared Norco was given out regularly by LPN C to these residents routinely despite it being PRN prescription; -On 4/23/24 the DON requested video footage from the camera near the Main nurses station. She reviewed the footage and found nothing to confirm the medications were given or proof that they weren't; -On 4/24/24, the DON re-interviewed Resident #1 and the resident confirmed he/she hadn't received pain medication at the times LPN A had signed them out for giving; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER: Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE: 15250 Village View Drive 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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The DON interviewed Resident #4 on 4/24/24. He/She stated he/she only receives medications from CMT F. It was documented that Resident #4 had received pain medications from LPN A; - Resident #3 was not interviewed but was suspected to be a victim. He/She is a poor historian; -Review of residents' narcotic record documentation revealed that LPN A had documented the giving of Norco on many occasions over the past month that alert residents were unable to confirm they received; -The Administrator contacted the police department on 4/24/24. Police Officer (PO) H took down the report details. He/She interviewed Resident #1 and Resident #2. PO H concluded that there is a probable misappropriation of property and theft of narcotics. The facility has cooperated with the police with additional information for the prosecutor to determine what charges if any will be brought against LPN A; -On Thursday 4/25/24, LPN A returned for work after a day off and was interviewed by the DON and Administrator. After voicing the suspicions of LPN A's misappropriating residents' medications, we asked LPN A for an explanation. LPN A immediately confessed he/she had been taking the medications and he/she had a problem with addiction that he/she hasn't faced. The DON and Administrator encouraged him/her to seek help and he/she was dismissed from employment at Friendship Village; -Conclusion and Remedy: -The allegation of misappropriation of resident property is substantiated. LPN A has been terminated from employment at the facility; -The facility is preparing to file a complaint with the Missouri Board of Nur

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. 46104 Based on interview and record review, the facility failed to document on the individual patient narcotic record and the electronic Treatment Administration Record (eTAR) after administering a controlled substance medication to four out of four sampled residents (Residents #1, #2, #3 and #4). The facility also failed to document the effectiveness of pain medication after it was administered to four out of four sampled residents (Residents #1, #2, #3 and #4). In addition, the facility failed to document on the Individual Patient Narcotic Record (IPNR) the signature of the nurse receiving the controlled medication and the date it was received. The facility also failed to update the order on the IPNR when the order changed. This had the potential to affect all residents with pain medication orders and controlled substance orders. The census was 82. Review of the facility's Schedule II-V Controlled Substances (schedule two controlled substance (CII, medication with higher potential of dependency and abuse), Schedule three controlled medication (CIII, medication with low to moderate potential of dependency and abuse), Schedule four controlled substance (CIV, medication with low potential of dependency and abuse), Schedule five controlled substance (CV, lowest potential of dependency and abuse)) Policy, dated 8/2019, showed: -Policy: It is the policy of the facility to ensure compliance with all laws, regulations, and other requirements related to handling, storage, disposal, and documentation of Schedule II and other controlled substances; -Purpose: It is the purpose of the facility to unsure all residents receive prescribed medication, including Controlled substances for quality of resident care: -Pain management; -Anxiety; -Other related diagnosis; -Procedure: -1. Read/Review pharmacy policy and procedure regarding this policy; -2. Only authorized licensed nurses that are permanent employees of the facility or pharmacy personnel shall have access to Schedule II controlled drugs maintained on premises. No agency nurse is allowed to carry narcotic keys or administer narcotics to and resident; -3. Controlled substances must be counted upon delivery. The nurse receiving the order must count the controlled substance together with the Shift Supervisor. Both individuals must sign the designated narcotic record; -4. If the count is correct, a control sheet must be made for each substance. Do not enter more that one prescription per page. This record must contain: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Name of the resident; -Name and strength of the medication; -Quantity received; -Number on hand; -Name of physician; -Time of administration; -Method of administration; -Signature of person receiving the medication; -Signature of nurse administering medication; -8. Unless otherwise instructed by the Director of Nursing (DON), when a resident refuses a non-unit dose medication or it is not given, or receives partial tablets or single dose ampules, or it is not given, the medication shall be destroyed, and may not be returned to the container or bubble pack. (see Discarding and Destroying Medications policy within the Medications policy and procedure); -9. Nursing staff must count controlled dugs at the end of each shift, for each eight-hour or 12-hour shift. The nurse coming on duty and the nurse going off duty must complete the count together. They must document and report and discrepancies to the shift supervisor and DON immediately; -10. The DON shall investigate all discrepancies in controlled substance reconciliation to determine the cause and identify any responsible parties and shall give the Administrator a written report of such findings; -11. The DON shall consult with the provider pharmacy and the Administrator to determine whether any further legal action is indicated; -12. When a resident or patient is transferred or discharged from the facility, it is allowable to send schedule II drugs with the resident or responsible party. Documentation of education should be completed in the medical record. -13. Schedule II-V Controlled Substances may not be returned to the pharmacy but must be destroyed by two licensed nurses. (Describe how to destroy and documentation here). Review of the facility's Controlled Drugs Policy, not dated, showed: -Policy: Medications included in the Drug Enforcement Agency (DEA) classification as controlled substances are subject to special handling, storage, disposal, and record keeping in the facility, in accordance with federal and state laws and regulations; -Procedure: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-A. Only authorized nursing personnel and pharmacy personnel have access to controlled drugs. The DON is responsible for the control of these medications; -B. Schedule II, III, IV and V drugs will be provided by the pharmacy in containers designed for easy counting of contents; -C. When possible, orders for injectable controlled drugs will be provided in single dose containers; -D. Schedule II drugs and any other drugs that the facility deems necessary will be kept in a double locked area separate from other drugs. The access key to this area is separate from the key giving access to the rest of the medication cart; -E. The pharmacy can only dispense a 72-hour supply for a scheduled II drug, until a signed prescription is received from the physician. The prescribing physician may send the follow-up written prescription to the pharmacy by facsimile (fax); -F. A controlled medication delivery manifest will accompany all scheduled II, III, or V medication deliveries. The flowing information will be present: -Name of resident; -Room number of resident; -Prescription number; -Name, strength (if designated) and dosage form of medication; -Date and delivery sent from pharmacy; -Quantity dispensed; -Name of person receiving medication supply and date received signed at the time of delivery; -A copy is retained in the pharmacy prior to delivery. The delivery personnel will retain a copy of this record, and a copy will be left at the facility to document the receipt of the medication; -G. Schedule II drugs and any other specific medications as deemed necessary by the facility will be dispensed by the pharmacy along with an Individual charting record. This record will be maintained by the nursing staff at the time of each administration of the medication as follows: -1. Place charting record in narcotic box or in charting record binder; -2. Record each done at the time of administration; -3. Confirm the amount of controlled drug remaining is correct prior to assembling required dose for administration; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Date; -Time; -Dosage; -Signature of nurse who administered dose; -Number of doses remaining; -4. When the prescription has been exhausted, the individual charting record becomes a permanent part of the medical record; -5. When the prescription is no longer an active order and there are remaining doses of medication, the individual charting record and the remaining medications are retained in the facility in a securely locked area with restricted access. The remaining quantity will remain in this area until destroyed by two licensed personnel; -6. A controlled medication may never be returned to the pharmacy for destruction. It must be destroyed in the presence of two licensed personnel in the facility; -H. When a dose of controlled medication is removed from the container for administration but refused by the resident or not given for any reason, it is not placed back in the container. It must be destroyed in the presence of two licensed nurses and the disposal documented on the accountability record on the line representing that dose. The disposal of unused partial tablets and unused single dose portions of single dose ampules must be destroyed and recorded in the presence of two licensed personnel; -I. At each shift change. A physical inventory of specific mediations, those selected by the facility, is conducted by two licensed nurses and is documented on an audit record; -J. Current controlled medication accountability records and audit records are kept in the medication administration record (MAR) or other specific binder. When completed, audit and accountability records are submitted to the DON and kept on file according to facility policy for health records retention; -K. Any discrepancy in controlled substance medication counts is reported to the DON immediately. The director or designee investigates and makes every reasonable effort to reconcile all reported discrepancies. Irreconcilable discrepancies are documented by the DON and reported to the consultant pharmacist and Administrator. The Administrator, Pharmacist, and the DON will make a determination concerning of any actions that may need to be taken. Review of the facility's Pain Management Policy, dated 8/2019, showed: -Purpose: It is the policy of this facility that all residents will be assessed for presence, absence or history of pain on admission, quarterly, with a significant change in status and with the new onset of pain or discomfort, in order to plan a pain management program for an acceptable level of resident comfort whenever possible; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Purpose: To identify, treat and manage pain and discomfort. To determine what pain relief level of function in activities of daily living, eating, sleeping, mobility, socialization and all other aspects of the residents daily routine; -Procedure: -1. Upon admission, annually and with a change in resident pain, a pain assessment will be completed to identify: -a. Presence of pain; -b. location; -c. Intensity; -d. Diagnosis and prognosis; -e. Description of pain; -f. Activities that make pain worse; -g. Does pain impair resident function; -h. Frequency of pain; -i. Pain medications; -j. Non-pharmacological interventions attempted and results; -k. History of mediation side effects (drowsiness, constipation, etc.); -l. Observations/pain indicators for non-verbal or cognitively impaired residents; -m. Type of pain; -5. Attempt to identify the cause of the pain in order to discuss treatment or prevention plan; -6. Update resident care plan to include: -a. Type of pain; -b. Location; -c. Resident preferences for level of comfort and interventions; -d. Measurable goals; -e. Monitoring; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-f. Physician orders; -g. Non-pharmacological interventions; -h. Pharmacological interventions; -7. If residents pain is not managed with current pain regimen, notify physician; -8. If a as needed (PRN) pain medication is used routinely, for three or more consecutive days and/or greater than six times in a month, discuss with physician a routine pain management plan; -9. If the resident displays behaviors which could possibly indicate pain or discomfort, consult with physician about an adjustment in the pain management plan; -10. Care plan instances in which pain can be anticipated in order to provide a pain management plan (i.e. prior to therapy or dressing change); -11. Implement non-pharmacological interventions as indicated in the care plan. Examples may include: -Cold or heat application; -Distraction; -Breathing exercises; -Relaxation; -Repositioning; -Transcutaneous electrical nerve stimulation (TENS, uses low-voltage electrical currents to relieve pain) unit; -Acupuncture; -Meditation; -Exercise; -Biofeedback (mind-body technique used to control some of the body's functions, such as heart rate, breathing patterns and muscle responses); -Music therapy; -Essential oils; -Art therapy; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Etc.; -Document effectiveness; -12. Administer pain medication as ordered. For PRN medications, document: -a. Location; -b. Intensity using the pain scale; -c. Implementation of any non-pharmacological interventions (ice, heat, massage, etc.); -d. Effectiveness of pain medication; -e. Modifying approaches as necessary; -13. For the resident with pending discharge, address pain control needs in the discharge planning to include: -a. Physician orders for medication after discharge; -b. Education to resident and/or resident representative; -c. Non-pharmacological interventions; -d. Return demonstration. 1. Review of Resident #1's admission Minimum Data Set (MDS) a federally mandated assessment instrument completed by facility staff, dated 4/10/24, showed: -Admission, 4/3/24; -Cognitively intact; -High-Risk drug classes use and indication, opioid: -Not checked as taking; -Not checked as indicated; -Pain management: -Been on scheduled pain medication regimen, yes; -Received PRN pain medications, yes; -Received non-medication intervention for pain, no; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village Chesterfield	15250 Village View Drive 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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Pain presence, yes; -Pain frequency, frequently; -Pain effect on sleep, rarely or not at all; -Pain interference with therapy activities, occasionally; -Pain interference with day-to-day activities, occasionally; -Pain intensity, rating scale 0-10 (pain level 1 through 10; 0 = no pain, 1 through 3 = mild pain, 4 through 6 = moderate pain, 7 through 10 = severe pain), 6; -Diagnoses included high blood pressure, subacute (recent onset) osteomyelitis (inflammation of bone and bone marrow), paraplegia (paralysis of lower portions of the body and of both legs), unspecified injury at seventh thoracic vertebra (T7) through tenth thoracic vertebra (T10) (nerves that affect the muscles of the trunk (abdominal and back muscles)) level of thoracic spinal cord, neuralgia (severe, sharp, often shock-like pain that follows the path of a nerve) and neuritis (inflammation of the nerves). Review of the resident's Physician Order Sheet (POS), showed: -Oxycodone (Roxicodone, opioid, used to treat moderate to severe pain) immediate-release (IR) 10 milligram (mg) one tablet every six hours as needed (PRN) for pain, with a start date of 4/3/24 and end date of 4/8/24; -Oxycodone IR 10 mg 1 tablet every six hours, PRN for pain, with a start date of 4/8/24 and end date of 4/12/24; -Oxycodone IR 5 mg 1 tablet every six hours, PRN for pain. May have one tablet of 5 mg or 10 mg every 6 hours PRN for pain, with a start date of 4/8/24 and end date of 4/12/24; -Hydrocodone-Acetaminophen (Norco, opioid, used for moderate-to-severe pain control) 5-325 mg one tablet every four hours PRN for pain, maximum daily amount six tablets, with a start date of 4/12/24 and end date of 4/15/24; -Norco 10-325 mg one tablet every four hours PRN for pain, with a start date of 4/15/24 and end date of 4/23/24; -Norco 10-325 mg two tablets every four hours PRN for pain, with a start date of 4/23/24; -Norco 10-325 mg one tablet every four hours PRN for pain, with a start date of 4/30/24; -Acetaminophen (Tylenol) 500 mg two tablets every six hours as needed for pain, with a start date of 4/3/24. Review of the resident's IPNR for Oxycodone IR 10 mg every six hours PRN for pain, dispensed 4/4/24, with a start date of 4/3/24, and end date of 4/8/24, showed; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-One tablet signed out on 4/4/24 at 11:15 A.M.; -One tablet signed out on 4/4/24 at 5:15 P.M.; -One tablet signed out on 4/4/24 11:15 P.M.; -One tablet signed out on 4/5/24 at 10:00 A.M.; -One tablet signed out on 4/5/24 at 4:00 P.M.; -One tablet signed out on 4/5/24 at 10:00 P.M.; -One tablet signed out on 4/6/24 at 10:00 A.M.; -One tablet signed out on 4/7/24 at 1:20 P.M.; -One tablet signed out on 4/7/24 at 8:21 P.M.; -One tablet signed out on 4/8/24 at 9:13 A.M. Review of the resident's second IPNR for Oxycodone IR 10 mg every six hours PRN for pain, dispensed 4/5/24, with a start date of 4/3/24, and end date of 4/8/24, showed; -One tablet signed out on 4/8/24 at 4:30 P.M.; -One tablet signed out on 4/9/24 at 2:30 A.M.; -One tablet signed out on 4/9/24 at 10:50 A.M.; -One tablet signed out on 4/9/24 at 7:30 P.M.; -One tablet signed out on 4/10/24 at 10:00 A.M.; -One tablet signed out on 4/10/24 at 4:00 P.M.; -One tablet signed out on 4/11/24 at 5:30 P.M.; -One tablet signed out on 4/12/24 at 12:00 A.M. Review of the resident's IPNR for Norco 5-325 mg one tablet every four hours PRN for pain, dispensed 4/13/24, with a start date of 4/12/24 and end date of 4/15/24, showed; -One tablet signed out on 4/13/24 at 10:30 A.M.; -One tablet signed out on 4/14/24 at 10:33 A.M.; -One tablet signed out on 4/14/24 at 3:00 P.M.; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-One tablet signed out on 4/14/24 at 7:00 P.M.; -One tablet signed out on 4/14/24 at 11:00 P.M. Review of the resident's IPNR for Norco 10-325 mg one tablet every four hours PRN for pain, with a start date of 4/15/24 and end date of 4/23/24, restart date of 4/30/24, Norco 10-325 mg two tablets every four hours PRN for pain, with a start date of 4/23/24, dispensed 4/16/24 at 4:30 A.M., showed; -One tablet signed out on 4/16/24 at 12:30 P.M.; -One tablet signed out on 4/17/24 at 2:30 P.M.; -One tablet signed out on 4/17/24 at 7:00 P.M.; -One tablet signed out on 4/18/24 at 3:00 P.M.; -One tablet signed out on 4/18/24 at 8:00 P.M.; -One tablet signed out on 4/19/24 at 2:30 P.M.; -One tablet signed out on 4/19/24 at 7:30 P.M.; -One tablet signed out on 4/20/24 at 1:45 P.M.; -One tablet signed out on 4/22/24 at 9:10 A.M.; -One tablet signed out on 4/22/24 at 3:00 P.M.; -One tablet signed out on 4/22/24 at 7:00 P.M.; -One tablet signed out on 4/22/24 at 11:00 P.M.; -One tablet signed out on 4/23/24 at 12:00 P.M.; -One tablet signed out on 4/23/24 at 3:00 P.M.; -Two tablets signed out on 4/23/24 at 5:00 P.M.; -Two tablets signed out on 4/23/24 at 10:00 P.M.; -Two tablets signed out on 4/24/24 at 10:00 A.M.; -Two tablets signed out on 4/24/24 at 2:15 P.M.; -Two tablets signed out on 4/25/24 at 10:00 A.M.; -Two tablets signed out on 4/25/24 at 3:50 P.M.; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village Chesterfield	15250 Village View Drive 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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Two tablets signed out on 4/26/24 at 10:00 A.M.; -Order not updated on IPNR when changed on 4/23/24 from one tablet every four hours to two tablets every four hours. Review of the resident's IPNR for Norco 10-325 mg one tablet every four hours PRN for pain, with a start date of 4/15/24 and end date of 4/23/24, restart date of 4/30/24, Norco 10-325 mg two tablets every four hours PRN for pain, with a start date of 4/23/24, dispensed 4/16/24 at 4:30 A.M., with a start date of 4/23/24, showed; -Order on IPNR reads: take one (number one has single line marked through it and the number two written above number one) tablet by mouth every four hours PRN; -Two tablets signed out on 4/26/24 at 2:15 P.M.; -Two tablets signed out on 4/27/24 at 11:30 A.M.; -Two tablets signed out on 4/27/24 at 3:30 P.M.; -Two tablets signed out on 4/28/24 at 11:00 A.M.; -Two tablets signed out on 4/28/24 at 4:38 P.M.; -Two tablets signed out on 4/29/24 at 10:30 A.M.; -One tablet signed out, on 4/30/24 at 4:36 A.M., on signature line documented: Resident requested one tablet only, followed by two nurses signatures; -Two tablets signed out on 4/30/24 at 3:00 P.M.; -Two tablets signed out on 5/1/24 at 1:00 P.M.; -One tablet signed out on 5/1/24 at 8:56 P.M.; -Two tablets signed out on 5/2/24 at 7:30 A.M.; -One tablet signed out on 5/2/24 at 5:36 P.M.; -Two tablets signed out on 5/3/24 at 1:00 P.M.; -Two tablets signed out on 5/4/24 at 1:00 P.M.; -Two tablets signed out on 5/5/24 at 4:35 A.M.; -One tablet signed out on 5/5/24 at 12:30 P.M.; -Order not updated on IPNR when changed on 4/30/24 from two tablets every four hours to one or two tablets every four hours. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's second IPNR for Norco 10-325 mg one tablet every four hours PRN for pain, with a start date of 4/15/24 and end date of 4/23/24, restart date of 4/30/24, Norco 10-325 mg two tablets every four hours PRN for pain, with a start date of 4/23/24, dispensed 4/16/24 at 4:30 A.M., with a start date of 4/23/24, showed; -Order on IPNR reads: take one tablet by mouth every four hours PRN; -Order not updated on IPNR when changed on 4/30/24 from two tablets every four hours to one or two tablets every four hours; -One tablet signed out on 5/5/24 at 12:30 P.M.; -One tablet signed out on 5/5/24 at 7:35 P.M.; -One tablet signed out on 5/6/24 at 4:28 A.M.; -Two tablets signed out on 5/6/24 at 3:00 P.M.; -One tablet signed out on 5/6/24 at 9:45 P.M.; -One tablet signed out on 5/7/24 at 6:20 A.M.; -Two tablets signed out on 5/8/24 at 11:54 A.M.; -Two tablets signed out on 5/8/24 at 8:30 P.M.; -Two tablets signed out on 5/9/24 at 10:00 A.M.; -One tablet signed out on 5/9/24 at 7:10 P.M.; -One tablet signed out on 5/11/24 at 2:00 P.M.; -One tablet signed out on 5/11/24 at 10:00 P.M.; -One tablet signed out on 5/12/24 at 11:00 A.M.; -One tablet signed out on 5/12/24 at 8:00 P.M.; -Two tablets signed out on 5/13/24 at 9:00 A.M.; -Two tablets signed out on 5/13/24 at 6:30 P.M.; -Two tablets signed out on 5/14/24 at 10:00 A.M.; -One tablet signed out on 5/14/24 at 9:30 P.M.; -One tablet signed out on 5/15/24 at 7:08 A.M.; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-One tablet signed out on 5/16/24 at 8:00 A.M.; -One tablet signed out on 5/16/24 at 1:21 P.M. Review of the resident's eTAR record for Oxycodone IR 10 mg every six hours PRN for pain, with a start date of 4/3/24, and end date of 4/12/24, Oxycodone IR 5 mg one tablet every six hours, PRN for pain: May have one tablet of 5 mg or 10 mg every 6 hours PRN for pain, with a start date of 4/8/24 and end date of 4/12/24, cubex (electronic emergency medication kit), eMAR record for Tylenol 500 mg two tablets every six hours as needed for pain, with a start date of 4/3/24, and Interdisciplinary Notes (IDN) dated 4/3/24 through 4/12/24, showed; -Tylenol 500 mg two tablets on 4/4/24 at 10:29 A.M. documented as administered, treatment effectiveness not documented, pain level (pain level 1 through 10; 0 = no pain, 1 through 3 = mild pain, 4 through 6 = moderate pain, 7 through 10 = severe pain), for day shift (day shift 7:00 A.M. to 3:00 P.M., evening shift 3:00 P.M. to 11:00 P.M., night shift 11:00 P.M. to 7:00 A.M.) was documented as zero; -Oxycodone IR 10 mg one tablet removed from IPNR, 4/4/24 at 11:17 A.M. one tablet documented as administered, treatment effectiveness not documented, pain level for day shift was documented as zero; -Oxycodone IR 10 mg one tablet removed from IPNR on 4/4/24 at 5:15 P.M., no documentation that PRN pain medication was administered, treatment effectiveness not documented, pain level for evening shift was documented as zero; -Oxycodone IR 10 mg one tablet removed from IPNR on 4/4/24 11:15 P.M., no documentation that PRN pain medication was administered, treatment effectiveness not documented, pain level for night shift was documented as zero; -Oxycodone IR 10 mg one tablet removed from IPNR, 4/5/24 at 11:00 A.M. one tablet documented as administered, IDN documented on 4/5/24 at 11:41 A.M.: Complaints of pain at 10:00 A.M. PRN pain medication administered and effective at this time, pain level for day shift was documented as zero; -Tylenol 500 mg two tablets on 4/5/24 at 1:31 P.M. documented as administered, treatment effectiveness not documented, pain level for day shift was documented as zero; -Oxycodone IR 10 mg one tablet removed from IPNR on 4/5/24 at 4:00 P.M., no documentation that PRN pain medication was administered, treatment effectiveness not documented, pain level for evening shift was documented as zero; -Oxycodone IR 10 mg one tablet removed from IPNR on 4/5/24 at 10:00 P.M., no documentation that PRN pain medication was administered, treatment effectiveness not documented, pain level for evening shift was documented as zero; -Oxycodone IR 10 mg one tablet removed from IPNR, 4/6/24 at 11:00 A.M. one tablet documented as administered, treatment effectiveness not documented, pain level for day shift was documented as zero; -Tylenol 500 mg two tablets on 4/6/24 at 11:11 P.M. documented as administered, treatment effectiveness not documented, pain level for night shift was documented as zero; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Oxycodone IR 10 mg one tablet removed from IPNR on 4/7/24 at 1:20 P.M., no documentation that PRN pain medication was administered, treatment effectiveness not documented, pain level for day shift was documented as zero; -Tylenol 500 mg two tablets on 4/7/24 at 7:56 P.M. documented as administered, treatment effectiveness not documented, pain level for evening shift was documented as zero; -Oxycodone IR 10 mg one tablet removed from IPNR, 4/7/24 at 8:48 P.M. one tablet documented as administered, treatment effectiveness not documented, pain level for evening shift was documented as zero; -Oxycodone IR 10 mg one tablet removed from IPNR, 4/8/24 at 9:13 A.M. one tablet documented as administered, treatment effectiveness not documented, pain level for day shift was documented as two; -Oxycodone IR 5 mg, 4/8/24 at 3:02 P.M., one tablet documented as administered, pulled from cubex at 4:26 P.M., pain level for evening shift was documented as eight; -Oxycodone IR 5 mg, 4/8/24 at 4:11 P.M., one tablet documented as administered, notes listed on eTAR documented as: first 5 mg not effective, second 5 mg given to make 10 mg dose, documentation of second dose pulled from cubex at 4:28 P.M., treatment effectiveness not documented, pain level for evening shift was documented as eight; -Oxycodone IR 10 mg one tablet removed from IPNR on 4/8/24 at 4:30 P.M., no documentation that PRN pain medication was administered, treatment effectiveness not documented, pain level for evening shift was documented as eight; -Oxycodone IR 5 mg, pulled two tablets from cubex on 4/8/24 at 10:26 P.M., no documentation that PRN pain medication was administered, treatment effectiveness not documented, pain level for evening shift was documented as eight; -Oxycodone IR 10 mg one tablet removed from IPNR on 4/9/24 at 2:30 A.M., no documentation that PRN pain medication was administered, treatment effectiveness not documented, pain level for night shift was documented as zero; -Oxycodone IR 10 mg one tablet removed from IPNR, 4/9/24 at 10:40 A.M. one tablet documented as administered, IDN documented on 4/9/24 at 11:22 A.M.: Pain medication administered and 45 minutes later resident reported he/she felt better, pain level for day shift was documented as zero; -Oxycodone IR 10 mg one tablet removed from IPNR on 4/9/24 at 7:30 P.M., no documentation that PRN pain medication was administered, treatment effectiveness not documented, pain level for evening shift was documented as zero; -Oxycodone IR 5 mg, pulled two tablets from cubex on 4/9/24 at 9:04 P.M., no documentation that PRN pain medication was administered, treatment effectiveness not documented, pain level for evening shift was documented as zero; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Oxycodone IR 10 mg one tablet removed from IPNR on 4/10/24 at 10:00 A.M., no documentation that PRN pain medication was administered, treatment effectiveness not documented, pain level for day shift was documented as zero; -Oxycodone IR 10 mg one tablet removed from IPNR, 4/10/24 at 4:40 P.M. one tablet documented as administered, IDN documented on 4/10/24 at 6:11 P.M.: Complaints of pain PRN administered and provided full relief, pain level for evening shift was documented as zero; -Oxycodone IR 10 mg one tablet removed from IPNR on 4/11/24 at 5:30 P.M., no documentation that PRN pain medication was administered on eTAR, IDN documented on 4/11/24 at 10:05 P.M.: PRN pain medication administered per residents request, treatment effectiveness not documented, pain level for evening shift was documented as zero; -Oxycodone IR 5 mg, pulled two tablets from cubex on 4/11/24 at 6:45 P.M., no documentation that PRN pain medication was administered, treatment effectiveness not documented, pain level for evening shift was documented as zero; -Oxycodone IR 10 mg one tablet removed from IPNR on 4/12/24 at 12:00 A.M., no documentation that PRN pain medication was administered, treatment effectiveness not documented, pain level for night shift was documented as zero; -IDN documentation: on 4/12/24 at 2:37 P.M.: Resident did not take PRN pain pill last evening due to hallucinations. New order to discontinue oxycodone IR 10 mg. Review of the resident's eTAR record for Norco 5-325 mg one tablet every four hours PRN for pain, with a start date of 4/12/24 and end date of 4/15/24, Norco 10-325 mg one tablet every four hours PRN for pain, with a start date of 4/15/24 and end date of 4/23/24, restart date of 4/30/24, Norco 10-325 mg two tablet every four hours PRN for pain, with a start date of 4/23/24, Tylenol 500 mg two tablets every six hours as needed for pain, with a start date of 4/3/24, cubex documentation, and IDN dated 4/12/24 through 5/15/24, showed; -Norco 5-325 mg, pulled one tablet from cubex on 4/12/24 at 10:35 P.M., no documentation that PRN pain medication was administered, treatment effectiveness not documented, pain level for evening shift was documented as zero; -Norco 5-325 mg one tablet removed from IPNR on 4/13/24 at 10:30 A.M., no documentation that PRN pain medication was administered, treatment effectiveness not documented, pain level for day shift was documented as zero; -Norco 5-325 mg, pulled one tablet from cubex on 4/13/24 at 10:00 P.M., no documentation that PRN pain medication was administered, treatment effectiveness not documented, pain level for evening shift was documented as zero; -Tylenol 500 mg two tablets on 4/13/24 at 1:58 A.M. documented as administered, treatment effectiveness not documented, eTAR notes: pain level six; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Norco 5-325 mg one tablet removed from IPNR on 4/14/24 at 10:33 A.M., no documentation that PRN pain medication was administered, treatment effectiveness not documented, pain level for day shift was documented as zero; -Norco 5-325 mg one tablet removed from IPNR on 4/14/24 at 3:00 P.M., no documentation that PRN pain medication was administered, treatment effectiveness not documented, pain level for evening shift was documented as zero; -Norco 5-325 mg one tablet removed from IPNR on 4/14/24 at 7:00 P.M., no documentation that PRN pain medication was administered, treatment effectiveness not documented, pain level for evening shift was documented as zero; -Norco 5-325 mg one tablet removed from IPNR on 4/14/24 at 11:00 P.M., no documentation that PRN pain medication was administered, treatment effectiveness not documented, pain level for evening shift was documented as zero; -IDN documented on 4/15/24 at 12:00 P.M., New Order to increase Norco to 10/325 mg every four hours PRN for pain; -Norco 10-325 mg one tablet documented as administered on 4/15/24 at 9:39 P.M., treatment effectiveness not documented, pain level for evening shift was documented as zero; -Norco 10-325 mg one tablet removed from IPNR, 4/16/24 at 12:35 P.M. one tablet documented as administered, treatment effectiveness not documented, pain level for day shift was documented as zero; -Norco 10-325 mg one tablet removed from IPNR on 4/17/24 at 2:30 P.M., no documentation that PRN pain medication was administered, treatment effectiveness not documented, pain level for day shift was documented as zero; -Norco 10-325 mg one tablet removed from IPNR on 4/17/24 at 7:00 P.M., no documentation that PRN pain medication was administered, treatment effectiveness not documented, pain level for evening shift was documented as zero; -Norco 10-325 mg, pulled one tablet from cubex on 4/17/24 at 10:42 P.M., no documentation that PRN pain medication was administered, treatment effectiveness not documented, pain level for evening shift was documented as zero; -Norco 10-325 mg one tablet removed from IPNR on 4/18/24 at 3:00 P.M., no documentation that PRN pain medication was administered, treatment effectiveness not documented, pain level for evening shift was documented as zero; -IDN documented, late entry for 4/18/24 evening shift, documented on 4/19/24 at 11:35 P.M.: PRN pain medication uti

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village Chesterfield	15250 Village View Drive 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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46104 Based on interview and record review, the facility failed to establish a system for records of disposition of all controlled substances (medication that is regulated by the United States Drug Enforcement Administration (DEA) due to the potential of causing dependency and abuse) in sufficient detail to enable an accurate reconciliation for three out of three controlled substance shift change count sheets reviewed. In addition, the facility failed to have a system in place to document the destruction in sufficient detail of controlled substances when controlled medications were removed from stock for four out of four sampled residents (Residents #1, #2, #3 and #4). This had the potential to affect all residents with controlled substance orders. The census was 82. Review of the facility's Schedule II-V Controlled Substances (schedule two controlled substance (CII, medication with higher potential of dependency and abuse), Schedule three controlled medication (CIII, medication with low to moderate potential of dependency and abuse), Schedule four controlled substance (CIV, medication with low potential of dependency and abuse), Schedule five controlled substance (CV, lowest potential of dependency and abuse)) Policy, dated 8/2019, showed: -Policy: It is the policy of the facility to ensure compliance with all laws, regulations, and other requirements related to handling, storage, disposal, and documentation of Schedule II and other controlled substances; -Purpose: It is the purpose of the facility to unsure all residents receive prescribed medication, including Controlled substances for quality of resident care: -Pain management; -Anxiety; -Other related diagnosis; -Procedure: -1. Read/Review pharmacy policy and procedure regarding this policy; -2. Only authorized licensed nurses that are permanent employees of the facility or pharmacy personnel shall have access to Schedule II controlled drugs maintained on premises. No agency nurse is allowed to carry narcotic keys or administer narcotics to and resident; -3. Controlled substances must be counted upon delivery. The nurse receiving the order must count the controlled substance together with the Shift Supervisor. Both individuals must sign the designated narcotic record; -4. If the count is correct, a control sheet must be made for each substance. Do not enter more that one prescription per page. This record must contain: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Name of the resident; -Name and strength of the medication; -Quantity received; -Number on hand; -Name of physician; -Time of administration; -Method of administration; -Signature of person receiving the medication; -Signature of nurse administering medication; -8. Unless otherwise instructed by the Director of Nursing (DON), when a resident refuses a non-unit dose medication or it is not given, or receives partial tablets or single dose ampules, or it is not given, the medication shall be destroyed, and may not be returned to the container or bubble pack. (see Discarding and Destroying Medications policy within the Medications policy and procedure); -9. Nursing staff must count controlled dugs at the end of each shift, for each eight-hour or 12-hour shift. The nurse coming on duty and the nurse going off duty must complete the count together. They must document and report and discrepancies to the shift supervisor and DON immediately; -10. The DON shall investigate all discrepancies in controlled substance reconciliation to determine the cause and identify any responsible parties and shall give the Administrator a written report of such findings; -11. The DON shall consult with the provider pharmacy and the Administrator to determine whether any further legal action is indicated; -12. When a resident or patient is transferred or discharged from the facility, it is allowable to send schedule II drugs with the resident or responsible party. Documentation of education should be completed in the medical record. -13. Schedule II-V Controlled Substances may not be returned to the pharmacy but must be destroyed by two licensed nurses. (Describe how to destroy and documentation here). Review of the facility's Controlled Drugs Policy, not dated, showed: -Policy: Medications included in the DEA classification as controlled substances are subject to special handling, storage, disposal, and record keeping in the facility, in accordance with federal and state laws and regulations; -Procedure: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-A. Only authorized nursing personnel and pharmacy personnel have access to controlled drugs. The DON is responsible for the control of these medications; -B. Schedule II, III, IV and V drugs will be provided by the pharmacy in containers designed for easy counting of contents; -C. When possible, orders for injectable controlled drugs will be provided in single dose containers; -D. Schedule II drugs and any other drugs that the facility deems necessary will be kept in a double locked area separate from other drugs. The access key to this area is separate from the key giving access to the rest of the medication cart; -E. The pharmacy can only dispense a 72-hour supply for a scheduled II drug, until a signed prescription is received from the physician. The prescribing physician may send the follow-up written prescription to the pharmacy by facsimile (fax); -F. A controlled medication delivery manifest will accompany all scheduled II, III, or V medication deliveries. The flowing information will be present: -Name of resident; -Room number of resident; -Prescription number; -Name, strength (if designated) and dosage form of medication; -Date and delivery sent from pharmacy; -Quantity dispensed; -Name of person receiving medication supply and date received signed at the time of delivery; -A copy is retained in the pharmacy prior to delivery. The delivery personnel will retain a copy of this record, and a copy will be left at the facility to document the receipt of the medication; -G. Schedule II drugs and any other specific medications as deemed necessary by the facility will be dispensed by the pharmacy along with an Individual charting record. This record will be maintained by the nursing staff at the time of each administration of the medication as follows: -1. Place charting record in narcotic box or in charting record binder; -2. Record each done at the time of administration; -3. Confirm the amount of controlled drug remaining is correct prior to assembling required dose for administration; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Date; -Time; -Dosage; -Signature of nurse who administered dose; -Number of doses remaining; -4. When the prescription has been exhausted, the individual charting record becomes a permanent part of the medical record; -5. When the prescription is no longer an active order and there are remaining doses of medication, the individual charting record and the remaining medications are retained in the facility in a securely locked area with restricted access. The remaining quantity will remain in this area until destroyed by two licensed personnel; -6. A controlled medication may never be returned to the pharmacy for destruction. It must be destroyed in the presence of two licensed personnel in the facility; -H. When a dose of controlled medication is removed from the container for administration but refused by the resident or not given for any reason, it is not placed back in the container. It must be destroyed in the presence of two licensed nurses and the disposal documented on the accountability record on the line representing that dose. The disposal of unused partial tablets and unused single dose portions of single dose ampules must be destroyed and recorded in the presence of two licensed personnel; -I. At each shift change. A physical inventory of specific mediations, those selected by the facility, is conducted by two licensed nurses and is documented on an audit record; -J. Current controlled medication accountability records and audit records are kept in the medication administration record (MAR) or other specific binder. When completed, audit and accountability records are submitted to the DON and kept on file according to facility policy for health records retention; -K. Any discrepancy in controlled substance medication counts is reported to the DON immediately. The director or designee investigates and makes every reasonable effort to reconcile all reported discrepancies. Irreconcilable discrepancies are documented by the DON and reported to the consultant pharmacist and Administrator. The Administrator, Pharmacist, and the DON will make a determination concerning of any actions that may need to be taken. Review of the facility's Controlled Drug Disposal policy, not dated, showed: -Policy: It is the policy of this facility to comply with federal and state requirements for controlled substances. The following procedures will be adhered to at all times for disposal of Schedule II through V medications; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village Chesterfield	15250 Village View Drive 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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Procedure: -A. Controlled substances that are no longer needed in the facility must be disposed of in the facility. They cannot be returned to the pharmacy; -B. When a dose Schedule II substance is discontinued or when a resident receiving Schedule II substances expires, a licensed nurse will record the number of doses that remain and the date of the resident's Controlled Substance Record (count sheet). If the facility uses a count sheet for Schedule III through V substances, the same procedure will be followed; -C. The medications and accompanying count sheets will be kept in the medication cart until they are surrendered to the DON or his/her designee for destruction. Shift-to-shift counts will be done, and endorsed on the appropriate record, for all controlled substances awaiting destruction for which there are count sheets; -D. The DON or designee will then record the name of the drug, dosage form, quantity and resident's name or the inventory of control drugs from all Schedule II controlled substances. Schedule III through V controlled substances do not require documentation of the residents name on the Inventory of Control Drugs Form. They can be listed as multiple; -E. The DON will keep the medication and numbered count sheets in a secure, double locked area. The DON, or designee, and one additional licensed person will destroy medication utilizing the appropriate form for recording the destruction according to the accepted standards of practice for disposal and in accordance will sign the disposal record, including their title. The date of destruction should also be documented; -F. After destruction, the count sheets will be forwarded to the medial records for filling with each residents clinical record; -G, The DON will retain a copy of the disposal record for filing locally. 1. Review of the March 2024, Main station, Controlled Substance Shift Change Count, showed: -Signing signifies all doses are recorded on the MAR, count sheets match inventory on hand, and package log matches actual package count; -Irregularities must be reported to the DON immediately; -Only one staff initial 8 out of 93 opportunities. Review of the April 2024, Main station, Controlled Substance Shift Change Count, showed: -Signing signifies all doses are recorded on the MAR, count sheets match inventory on hand, and package log matches actual package count; -Irregularities must be reported to the DON immediately; -Only one staff initial 7 out of 90 opportunities. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village Chesterfield	15250 Village View Drive 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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the May 2024, Main station, Controlled Substance Shift Change Count, reviewed 5/17/24 at 2:46 P.M., showed: -Signing signifies all doses are recorded on the MAR, count sheets match inventory on hand, and package log matches actual package count; -Irregularities must be reported to the DON immediately; -Only one staff initial 4 out of 49 opportunities. During an interview on 5/21/24 at 1:13 P.M., the DON said she expected nursing staff on-coming and off-going with controlled medications on the cart to count the controlled medications and sign that the count was completed. The process ensures accurate count for controlled medication. No staff should leave the building before the count is complete. If a discrepancy occurs, staff should immediately contact the DON, Assistant Director of Nursing (ADON) or Unit Manager (UM). During an interview on 5/22/24 at 2:36 P.M., the ADON said she expected nursing staff who have controlled medications to count with the on-coming and off-going staff to ensure the count is accurate, and both staff should initial that the count is accurate. Nursing staff should not accept a cart if the count has not been completed. If a discrepancy occurs, the nursing staff should immediately contact the DON, ADON or UM. The ADON said nursing staff had been written up in the past for not completing count but there has not been any formal education to all the nursing staff to ensure count is completed at the beginning and end of each shift and to initial that it was completed. During an interview on 5/30/24 at 9:43 A.M., the Administrator said he expected nursing staff who had controlled medications to complete the shift-to-shift count at the beginning and end of each shift and document it on the controlled substance shift change count check sheet. If nursing management noticed that nursing staff were not documenting the count was completed on every shift, the Administrator expected the DON and/or nursing management to complete in-servicing with the nursing staff on the ensuring shift to shift count was completed at the beginning and end of each shift. 2. Review of Resident #1's admission Minimum Data Set (MDS) a federally mandated assessment completed by facility staff, dated 4/10/24, showed: -Admission, 4/3/24; -Cognitively intact; -High-Risk drug classes use and indication, opioid: -Not checked as taking; -Not checked as indicated; -Pain management: -Been on scheduled pain medication regimen, yes; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Received PRN pain medications, yes; -Received non-medication intervention for pain, no; -Pain presence, yes; -Pain frequency, frequently; -Pain effect on sleep, rarely or not at all; -Pain interference with therapy activities, occasionally; -Pain interference with day-to-day activities, occasionally; -Pain intensity, rating scale 0-10 (pain level 1 through 10; 0 = no pain, 1 through 3 = mild pain, 4 through 6 = moderate pain, 7 through 10 = severe pain), 6; -Diagnoses included high blood pressure, subacute (recent onset) osteomyelitis (inflammation of bone and bone marrow), paraplegia (paralysis of lower portions of the body and of both legs), unspecified injury at seventh thoracic vertebra (T7) through tenth thoracic vertebra (T10) (nerves that affect the muscles of the trunk (abdominal and back muscles)) level of thoracic spinal cord, neuralgia (severe, sharp, often shock-like pain that follows the path of a nerve) and neuritis (inflammation of the nerves). Review of the resident's Physician Order Sheet (POS), showed: -Oxycodone (Roxicodone, opioid, used to treat moderate to severe pain) immediate-release (IR) 10 milligram (mg) one tablet every six hours as needed (PRN) for pain, with a start date of 4/3/24, and end date of 4/8/24; -Oxycodone IR 10 mg 1 tablet every six hours, PRN for pain, with a start date of 4/8/24 and end date of 4/12/24; -Oxycodone IR 5 mg 1 tablet every six hours, PRN for pain. May have one tablet of 5 mg or 10 mg every 6 hours PRN for pain, with a start date of 4/8/24 and end date of 4/12/24; -Hydrocodone-Acetaminophen (Norco, opioid, used for moderate-to-severe pain control) 5-325 mg one tablet every four hours PRN for pain, with a start date of 4/12/24 and end date of 4/15/24; -Norco 10-325 mg one tablet every four hours PRN for pain, with a start date of 4/15/24 and end date of 4/23/24; -Norco 10-325 mg two tablets every four hours PRN for pain, with a start date of 4/23/24; -Norco 10-325 mg one tablet every four hours PRN for pain, with a start date of 4/30/24. Review of the resident's individual patient narcotic record for Oxycodone 10 mg every six hours PRN for pain, dispensed 4/5/24, showed: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-4/5/24, total of 30 tablets dispensed; -4/12/24, total of 22 tablets remaining; -Discontinued (D/C'd) written at the bottom of the page with DON and Licensed Practical Nurse (LPN) B signature underneath, dated 4/12/24, no time listed; -No documentation on what was done with the remaining 22 tablets. Review of the resident's second individual patient narcotic record for Oxycodone 10 mg every six hours PRN for pain, dispensed 4/5/24, showed: -4/5/24, total of 10 tablets dispensed; -4/12/24, total of 10 tablets remaining; -D/C'd written at the bottom of the page with DON and LPN B signature underneath, dated 4/12/24, no time listed; -No documentation on what was done with the remaining 10 tablets. Review of the resident's individual patient narcotic record for Norco 5-325 mg every four hours PRN for pain, dispensed 4/13/24, showed: -4/13/24, total of 30 tablets dispensed; -4/14/24, total of 25 tablets remaining; -D/C'd written at the bottom of the page with DON and LPN B signature underneath, no date or time listed; -No documentation on what was done with the remaining 25 tablets. Review of Main controlled substance log, dated 3/17/24 through 5/3/24, showed: -Dated 4/24/24; -Time: 7:00 A.M. - 3:00 P.M.; -Resident #1; -Drug: Oxycodone IR 10 mg; -Nurse signature: DON, LPN B; -Adding card to count or subtracting card from count: subtracting two; -New card total: 12; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-If subtracted, document why: blank; -No documentation on what was done with the remaining 32 tablets. Review of Main controlled substance log, dated 3/17/24 through 5/3/24, showed: -Dated 4/24/24; -Time: 7:00 A.M. - 3:00 P.M.; -Resident #1; -Drug: Norco 5-235 mg; -Nurse signature: DON, LPN B; -Adding card to count or subtracting card from count: subtracting one; -New card total: 11; -If subtracted, document why: blank; -No documentation on what was done with the remaining 25 tablets. Review of the resident's interdisciplinary notes, dated 4/12/24 and 4/24/24, showed: -No note on removal of two cards of Oxycodone IR 10 mg or one card of Norco 5-325 mg from cart; -No note on destruction of two cards of Oxycodone IR 10 mg with a total of 32 tablets or one card of Norco 5-325 mg with 25 tablets. 3. Review of Resident #2's annual MDS, dated [DATE], showed: -Admission, 10/17/22; -Cognitively intact; -High-Risk drug classes use and indication, opioid: -Not checked as taking; -Not checked as indicated; -Pain management: -Been on scheduled pain medication regimen, no; -Received PRN pain medications, yes; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Received non-medication intervention for pain, no; -Pain presence, yes; -Pain frequency, occasionally; -Pain effect on sleep, rarely or not at all; -Pain interference with day-to-day activities, rarely or not at all; -Pain intensity, rating scale 0-10, 5; -Diagnoses included high blood pressure, stroke, hemiplegia (paralysis of the arm, leg, and trunk on the same side of the body), following stroke affecting right nondominant side. Review of the resident's POS, showed: -Norco 5-325 mg one tablet every six hours PRN for pain, with a start date of 11/18/23 and end date of 5/7/24. Review of the resident's individual patient narcotic record for Norco 5-325 mg every six hours PRN for pain, dispensed 3/14/24, showed: -3/14/24, total of 40 tablets dispensed; -4/19/24, total of 18 tablets remaining; -D/C'd written at the bottom of the page with LPN B and ADON signature underneath, dated 5/14/24 at 10:20 A.M.; -No documentation on what was done with the remaining 18 Norco tablets. Review of Main controlled substance log, dated 5/5/24 through 5/20/24, showed: -Dated 5/14/24; -Time: 10:00 A.M.; -Resident #2; -Drug: Norco 5-325 mg; -Nurse signature: LPN B, ADON; -Adding card to count or subtracting card from count: subtracting one; -New card total: 9; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-If subtracted, document why: Discontinued; -No documentation on what was done with the remaining 18 tablets. Review of the resident's interdisciplinary notes, dated 5/14/24, showed: -No note on removal of Norco 5-325 mg from cart; -No note on destruction of Norco 5-325 mg. During an interview on 5/23/24 at 1:46 P.M., the DON said she believed the order was discontinued because the resident stated that he/she had not used the medication in over 30 days. The DON said the 18 tablets of Norco went into the drug buster (disposal system to instantly break down medications into a solution). The DON said the facility had never documented that medication is destroyed in the drug buster because that is the only thing the facility uses to destroy medication. The DON said two nurses sign the individual narcotic record and the controlled substance log to show the controlled medication was destroyed. The DON said there is not a spot on the controlled substance log to mark the medication was destroyed, and said they never write in the column that the medication was destroyed. The DON said if a resident had the controlled medication sent home with them, it would have a nurse's signature and a family member or the resident signature at the bottom of the page. The DON said she would not know if the controlled medication was destroyed unless she went and asked both nurses who signed. The DON said the facility does not have a system in place to track and monitor when controlled medications are destroyed. 4. Review of Resident #3's admission MDS, dated [DATE], showed: -Admission, 2/9/24; -Severe cognitive impairment; -High-Risk drug classes use and indication, opioid: -Checked as taking; -Checked as indicated; -Pain management: -Been on scheduled pain medication regimen, yes; -Received PRN pain medications, yes; -Received non-medication intervention for pain, no; -Pain presence, yes; -Pain frequency, occasionally; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER: Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE: 15250 Village View Drive 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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Pain effect on sleep, Not rated; -Pain interreference with therapy activities, rarely or not at all; -Pain interference with day-to-day activities, occasionally; -Pain intensity, rating scale 0-10, 6; -Diagnoses included fracture of right lower leg, pain in left hip, arthritis, dementia and hemiplegia flowing stroke affecting unspecified side. Review of the resident's POS, showed: -Norco 5-325 mg half tablet by mouth every four hours PRN for pain, with a start date of 2/14/23 and end date of 4/26/24. Review of the resident's individual patient narcotic record for Norco 5-325 mg half tablet every four hours PRN for pain, dispensed 2/21/24, showed: -2/21/24, total of 30 half tablets dispensed; -4/19/24, total of 11 half tablets remaining; -Destroyed, and D/C'd, written at the bottom of the page with LPN B and RN D signature underneath, no date or time listed; -No documentation on how 11 half tablets of Norco were destroyed. Review of Main controlled substance log, dated 3/17/24 through 5/3/24, showed: -Dated 5/3/24; -Time: 7:00 A.M. - 3:00 P.M.; -Resident #3; -Drug: Norco 5-325 mg; -Nurse signature: LPN B, RN D; -Adding card to count or subtracting card from count: subtracting one; -New card total: 11; -If subtracted, document why: Discontinued; -No documentation on what was done with the remaining 11 half tablets. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village Chesterfield	15250 Village View Drive 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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's interdisciplinary notes, dated 4/26/24 and 5/3/24, showed: -No note on removal of Norco 5-325 mg card from cart; -No note on destruction of 11 half tablets of Norco 5-325 mg. 5. Review of Resident #4's admission MDS, dated [DATE], showed: Norco -Admission, 3/29/24; -Discharge, 5/8/24; -Cognitively intact; -High-Risk drug classes use and indication, opioid: -Not checked as taking; -Not checked as indicated; -Pain management: -Been on scheduled pain medication regimen, no; -Received PRN pain medications, yes; -Received non-medication intervention for pain, yes; -Pain presence, yes; -Pain frequency, frequently; -Pain effect on sleep, occasionally; -Pain interreference with therapy activities, rarely or not at all; -Pain interference with day-to-day activities, occasionally; -Pain intensity, rating scale 0-10, 6; -Diagnoses included displaced intertrochanteric (relating to the bones of the thigh) fracture of left femur (thigh bone), subsequent encounter for closed fracture with routine healing, lumbar radiculopathy (inflammation of a nerve root in the lower back), hereditary (passed on genetically from parent to child) and idiopathic (no obvious underlying etiology is found) neuropathy (disease or dysfunction of one or more peripheral (located near the surface part if the body) nerves, typically causing numbness or weakness). Review of the resident's POS, showed: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Chesterfield		STREET ADDRESS, CITY, STATE, ZIP CODE 15250 Village View Drive 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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Norco 5-325 mg one tablet every four hours PRN for pain, with a start date of 3/29/24 and end date of 5/7/24. Review of the resident's individual patient narcotic record for Norco 5-325 mg one tablet every four hours PRN for pain, dispensed 4/9/24, showed: -4/9/24, total of 30 tablets dispensed; -4/23/24, total of 7 tablets remaining; -D/C'd, written at the bottom of the page with LPN B and ADON signature underneath, dated 5/14/24 at 10:20 A.M.; -No documentation on what was done with the remaining 7 tablets. Review of the resident's second individual patient narcotic record for Norco 5-325 mg one tablet every four hours PRN for pain, dispensed 4/9/24, showed: -4/9/24, total of 30 tablets dispensed; -5/14/24, total of 30 tablets remaining; -D/C'd, written at the bottom of the page with LPN B and ADON signature underneath, dated 5/14/24 at 10:20 A.M.; -No documentation on what was done with the remaining 30 tablets. Review of Main controlled substance log, dated 5/5/24 through 5/20/24, showed: -Dated 5/14/24; -Time: 10:00 A.M.; -Resident #4; -Drug: Norco 5-325 mg; -Nurse signature: LPN B, ADON; -Adding card to count or subtracting card from count: subtracting two; -New card total: 7; -If subtracted, document why: Discontinued; -No documentation on what was done with the remaining 37 tablets. Review of the resident's interdisciplinary notes, dated 5/7/24 and 5/14/24, showed: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Village Chesterfield	15250 Village View Drive 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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-No note on removal of Norco 5-325 mg from cart; -No note on destruction of Norco 5-325 mg. 6. During an interview on 5/22/24 at 2:36 P.M., the ADON said she expected two nurses to be present when destroying a controlled medication. On the individual patient narcotic record, the two nurses should document: destroyed, number of tablets, and why they were destroyed. The ADON said the controlled medication would then be subtracted out of the controlled substance log and both nurses would sign the controlled substance log. The ADON said there is no disposal record that tracks the disposal of controlled medications. The ADON said if nurses wrote D/C'd on the individual patient narcotic record, she would assume the nurses destroyed the controlled medication. The ADON said there is no documentation to show how the controlled medication is destroyed. The ADON said the facility used drug busters to destroy medication at that facility. 7. During an interview on 5/23/24 at 12:55 P.M., the Pharmacy General Manager said the facility should have a system in place to record and track the destruction of controlled medications. 8. During an interview on 5/23/24 at 1:46 P.M., the DON said she expected nurses to document the reason why controlled medication was subtracted off the controlled substance log. The DON said it is important to document why the medication was subtracted off the controlled medication log because it would show what happened to the controlled medication and the reason it was taken out of the count. The DON said it is important to track and monitor controlled medication that is destroyed so there is evidence where the medication went. The DON said the facility does not have a destruction log for controlled medications to track when controlled medications are destroyed. The DON expected staff to be knowledgeable of the facility policies and to follow the facility polices. 9. During an interview on 5/30/24 at 9:43 A.M., the Administrator said he expected the DON and/or nursing management to have a system in place for recording the destruction and tracking all controlled drugs in sufficient detail to enable an accurate reconciliation. He expected the destruction of controlled medications to be documented clearly that the medication was destroyed and expected the destruction of controlled medications to be tracked. The Administrator also expected nurses to document the reason why the controlled medication was subtracted off the controlled substance log. The Administrator said he expected staff to be knowledgeable of the facility policies and to follow the facility policies. MO00235186