

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265159	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/04/2025
NAME OF PROVIDER OR SUPPLIER Mary, Queen and Mother Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7601 Watson Road Shrewsbury, MO 63119	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>Based on interview and record review, the facility failed to notify a resident's responsible part after a change in condition that required an alteration in the resident's treatment plan (Resident #1). The sample size was 3. The census was 74. Review of the facility's Notification of Change Policy dated 11/28/17, showed the purpose of this policy ensures the facility promptly informs the resident, consults the resident's physician; and notifies, consistent with his or her authority, the resident's representative when there is a change requiring notification: -Compliance guidelines: The facility must inform the resident, consult with the resident's physician and /or notify the resident's member or legal representative when there is a change requiring such notification; -Circumstances requiring notification include new treatment. Review of Resident #1's Minimum Data Set (MDS, a federally mandated assessment instrument completed by facility staff), dated 8/22/25, showed:-Intact cognition;-Diagnoses included stroke with hemiplegia and hemiparesis of right dominant side, open wound of left breast subsequent encounter of left breast biopsy, and seizures. Review of the resident's nursing progress notes, showed:-On 10/16/25 Surgical area of left breast dehisced (opened). Physician and nurse manager notified, received orders for antibiotic times 7 days, triple antibiotic ointment and dry dressing;-On 10/22/25 Resident representative contacted informed of dehisced surgical wound to left breast, current antibiotic and wound care orders. Representative requested resident to be sent to hospital;-No documentation the resident representative was notified of the change in condition prior to 10/22/25. During an interview on 11/3/25 at 8:03 A.M., the Administrator and Registered Nurse (RN) A said the nurse on the floor, Licensed Practical Nurse (LPN) D, called the physician and was supposed to call the family but according to the records, he/she did not call the family about the resident's change in condition. The resident had been on an antibiotic for a couple days when the family texted RN A and said they were just informed by the resident that the resident's surgical incision was open and infected and the resident was started on an antibiotic. During the text the family requested the resident to be sent to the hospital for follow up. During an interview on 11/4/25 at 12:38 P.M., The administrator and RN B said they would expect staff to notify family as soon as possible when a resident has a change in condition and definitely before their shift is over.</p> <p>2651240</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 265159
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NAME OF PROVIDER OR SUPPLIER Mary, Queen and Mother Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7601 Watson Road Shrewsbury, MO 63119	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (continued on next page)

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, interview and record review, the facility failed to provide services per acceptable standards of practice for one resident (Resident #1), when the facility failed to following physician orders for a left breast lumpectomy (surgical procedure to remove a potentially cancerous lump) surgical incision by not maintaining resident NPO (nothing to eat by mouth) status at midnight the night before surgery. The facility failed to obtain physician ordered treatments for the surgical site and provided treatments without a physician order. In addition, the facility failed to properly perform accurate head to toe weekly skin assessments. The sample size was 3. The census was 74. Review of the facility's Wound Treatment Management Policy, dated 11/28/17, showed:-Policy: To promote wound healing of various types of wounds, it is the policy of this facility to provide evidence-based treatments in accordance with current standards of practice and physician orders;-Wound treatments will be provided in accordance with physician orders, including the cleansing method, type of dressing, and frequency of dressing change;-In the absence of treatment orders, the licensed nurse will notify physician to obtain treatment orders. This may be the treatment nurse, or the assigned licensed nurse in the absence of the treatment nurse;-Treatments will be documented on the Treatment Administration Record (TAR) or in the electronic health record;-The effectiveness of treatments will be monitored through ongoing assessment of the wound; -Considerations for needed modifications include Lack of progression towards healing; Changes in the characteristics of the wound. Review of the facility's Physician Orders Policy, dated 3/5/20, showed: -Purpose: To provide quality medical care of the residents by accurate follow-through of physician's orders;-All Physician Orders will be transcribed to the electronic Medical Administration Record (eMAR). Review of Resident #1's annual Minimum Data Set (MDS, a federally mandated assessment instrument completed by facility staff), dated 8/22/25, showed:-Cognitively intact;-Diagnoses included stroke with hemiplegia (partial paralysis on one side) and hemiparesis (partial weakness on one side) of right dominant side, and open wound of left breast subsequent encounter of left breast biopsy. Review of the resident's Care Plan, in use at the time of the investigation, showed:-Problem start date 8/12/25, edited 10/28/25: Resident #1 had a lumpectomy to left breast;-Goal: Resident will not exhibit signs of infection;-Approach: Observe and report localized infection, localized pain, redness, swelling, and tenderness. Provide skin care/treatment to left breast. Report signs of hematoma (collection of blood under the skin), hemorrhage (bleeding), purulent (puss) drainage, odorous drainage;-Problem start date 10/27/25, edited 10/28/25: Resident #1 has impaired skin integrity related to left breast lumpectomy. He/She has an open area to left breast;-Goal: Resident will be free from signs and symptoms of infection and will demonstrate optimal healing; --Approach: Nursing responsible to assess and evaluate wound size, depth, color and drainage present every week. Certified Nurse Assistance (CNA) and nursing responsible to keep skin clean and dry. CNA, nursing, and therapy responsible to minimize force and friction to skin. Nursing to provide treatment as ordered. Review of the resident's July 2025 progress notes showed: -On 7/29/25 Resident Leave of Absence (LOA) surgical consult related to biopsy of breast;-On 7/29/25 Resident returned with surgical consult paperwork, papers given to supervisor. Resident upset about possible surgery. Review of the resident's Surgical Nurse Practitioner (NP) after visit summary notes, dated 7/29/25, showed preparation for surgery: Nothing to eat or drink (including water) after midnight the night before surgery (no gum, mints or cigarettes). Review of the resident's August 2025 progress notes, showed on 8/11/25 at 8:32 A.M., resident scheduled for surgery today, 8/11/25. Order for Nothing by Mouth (NPO) 8/10/25 - 8/11/25 and ate a bowl of cereal for breakfast. Nurse manager notified; resident left via transport at 8:33 A.M. Review of the resident's Surgeon History and Physical (H&P), dated 8/11/25, showed assessment/plan - Time of surgery delayed due to patient NPO time, still planning surgery later today. Review of the resident's August 2025 progress notes, showed on 8/12/25 at 3:38 P.M. Resident returned from hospital with transport papers post breast mass removal. Dry dressing covering intact Dermabond (medical-grade topical skin adhesive used for closing wounds) to left breast, surgical glue not to be removed it will wear off. No drainage seen. Review of the resident's Surgical discharge orders, dated 8/12/25, showed safety Instructions and when to notify the physician:-Watch for signs and symptoms of temperature higher than 101 degrees Fahrenheit (F);-Pain that gets worse or does not get better after taking pain medication(s) as directed;-Nausea or vomiting or cannot eat or drink;-Bleeding from incision site;-If Incision site looks infected (red, swollen, warm to the touch, or non-clear, foul-smelling drainage);-Assess for numbness, tingling, or changes in color in your arm;-Do not remove the surgical glue. It will wear off.-May take showers with incision uncovered;-Dressing</p>		