

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 12/19/2025
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain its call light system in working order and according to the stipulations in the state exception granted to them, allowing use of the current call light system. This deficiency had the potential to affect all residents and affected one sampled resident who had a toe injury (Resident#1). The sample size was four. The census was 74. Review of the facility's call light policy dated 6/9/17, showed:It is the policy of the facility to provide quality long-term care to residents. All residents will have a call light within reach while in bed or sitting next to the bed.Answering call lights is the responsibility of all Nursing Staff members with priority given to bathroom call lights. A call light should not be turned off in the resident's room until the resident's needs are met. A call light should not be disconnected at any time.In order to ensure that call lights are responded to in a timely manner, Nursing Staff - Charge Nurses and Certified Nurse Aides (CNAs) will carry pagers programmed to vibrate when a call light is on. The room number and/or location will be displayed on the pager.Procedure:Distribution and Return of Pagers:-Nurse Managers, Charge Nurses, and Supervisors will carry pagers when on duty.-Pagers will be distributed to all Charge Nurses and CNAs at the beginning of every shift by the Charge Nurse when she/he gives them report.-Pagers will be returned at the end of each shift when the Charge Nurses and CNAs give report to the oncoming shift Charge Nurses and CNAs.-Nurses and/or Certified Medication Technicians (CMTs) who are passing medicine will not be assigned pagers as this would disrupt medication administration and could cause medication errors. Pagers Leaving the BuildingPagers are not to leave the building at any time. If a pager is inadvertently taken out of the facility, it must be returned as soon as possible.Lost PagersSince pagers are costly, it is important that every staff member takes responsibility to ensure that pagers are handled safely and protocol is followed to return pagers at the end of each shift. Response Time ReportNursing Management and/or Quality Nurse will review the response time report on a monthly basis for all nursing units. If a problem is identified, the Director of Nursing or designee will be responsible to continue monitoring for an appropriate time frame. Employees identified with prolonged response time will be counseled by their immediate supervisor. Review on of the facility's exemption letter dated 12/10/25, from the Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Section for Long Term Care Regulation (SLCR), showed stipulations for the exception for their wireless call light system. The following stipulations included: 19 CSR 30-85.012 (124): Facilities shall provide an electrically powered nurses' call system with indicator lights at the corridor entrance of each bedroom. Audible signals and indicating panels shall be located in each nurses' station and utility room. Facilities shall provide signal buttons at the head of each resident bed, in each toilet room and in each bathroom. -The exception applies to the omission of indicator lights at the corridor entrance of each resident bedroom and the audible signals and indicating panels in each nurses' station and utility room. It does not apply to the remainder of the requirement.-The operator will ensure that the wireless nurse call system is fully operational twenty-four (24) hours per day, seven (7) days a week.-The operator will maintain, at a minimum and in accordance with the manufacturer's recommendations, all the features of the wireless call system provided to the SLCR on September 25, 2025, and notify the SLCR of system changes.-The operator shall ensure that all direct care staff carry and utilize the nurse call pagers at all times.-The operator will continue to implement the Call Light Policy as provided to the SLCR on June 3, 2025, to ensure no direct care staff is without a pager.-The operator will maintain a sufficient supply of wireless nurse call pagers for all direct care staff, including the additional twenty-five (25) wireless pagers purchased on April 1, 2025.-The operator will ensure that a wireless nurse call system report is available to the SLCR staff for review upon request.-The operator will ensure that resident care and services are not adversely affected in any way by the exception.**Please note, should the facility be issued a citation for failure to comply with federal regulation F919 regarding the nurse call system and/or the stipulations outlined in this determination notice, the exception will be reviewed for possible rescission and the facility may be required to reinstall the indicator lights at the corridor entrance of each bedroom and the audible signals and indicating panels in each required nurses' station and utility room to meet the requirement. 1.Review of Resident #1's significant change Minimum Data Set, (MDS), a federally mandated assessment instrument completed by facility staff, dated 10/16/25, showed the following:-Dependent on staff for care;-Cognitively intact;-Diagnoses of renal failure depression heart failure and bipolar disease (mental illness with severe mood swings from major</p>		