Printed: 08/28/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265171	A. Building B. Wing	05/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Osage Beach Rehabilitation and Health Care Center	844 Passover Road Osage Beach, MO 65065

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 0760 Level of Harm - Actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. 43024 Based on interview and record review, facility staff failed to ensure residents remained free of significant medication errors when staff administered Resident #2's medication to Resident #1 which resulted in Resident #1 being transported to the hospital after an adverse reaction. The facility census was 76. The administrator was notified on 5/6/24 of past Non-Compliance, which occurred on 4/21/24 when staff administered the wrong medication to the incorrect resident. Staff assessed the resident, notified the residents physician, sent the resident to the hospital, and in-serviced nursing staff on medication administration. Staff corrected the deficient practice on 4/23/2024. 1. Review of the facility Medication Administration policy, dated 1/1/2019, showed medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medications should do so only after they have been properly oriented to the facility's medication distribution system (procurement, storage, handling and administration). The facility has staff and a medication distribution system to ensure safe administration of medications without unnecessary interruptions. Before administration of medication, the nurse should assure he/she administered to the correct patient. 2. Review of Resident #1's significant change Minimum Data Set (MDS), a federally mandated assessment tool, dated 02/27/24, showed staff assessed the resident: -Moderately cognitive impaired; -Diagnoses of Anemia, Gastric reflux disease, Benign prostatic hyperplasia (Age-associated prostate gland enlargement that can cause urination difficulty), and anxiety. Review of the resident's plan of care, 2/29/24, showed staff are directed to give medications as ordered. (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: 265171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2024
NAME OF PROVIDER OR SUPPLIER: Osage Beach Rehabilitation and Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 844 Passover Road Osage Beach, MO 65065	

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 0760 Level of Harm - Actual harm Residents Affected - Few	Review of the resident's progress notes, dated 4/20/24 at 11:03 P.M., showed Licensed Practical Nurse (LPN) A documented at 9:10 P.M., this agency nurse entered resident's room and addressed the resident by the name of the roommate and the resident greeted the nurse in what the nurse assumed to be the correct resident. Nurse then proceeded to administer what was thought to be the correct bedtimes medications which were 22 units of Lantus insulin (treats diabetes), 25 milligrams (mg), hydralazine (treats high blood pressure), 1000 mg of metformin (treats diabetes), 300 mg of gabapentin (treats nerve pain).When nurse went back to check foley catheter resident didn't have one and that is when the acknowledgment of medication error had occurred. Nurse then asked the certified nursing assistance (CNA) to get the second nurse. Agency nurse then asked the second aide to take vital signs every 15 minutes and to begin to help him/her eat some sweet foods from the snack cart. He/she ate pudding and another dessert. Second nurse then assisted agency nurse and called the doctor to inform him/her of medication error. The physician prescribed blood sugar checks every 30 minutes because the resident was given insulin and is not a diabetic and does not have blood pressure issues until the next shift and if the blood sugar drops below 100 then send out to the hospital. Review of the resident's hospital records, dated 4/20/24, showed the resident admitted to the hospital due to his blood sugar dropping down to 70 and his blood pressure trending down after his/her skilled nursing facility staff administered the wrong medications. Review of the investigation, dated 4/20/24, showed LPN A adminsitered another resident's medication to Resident #1 because Resident #1 acknowledged staff when he/she said his/her name. LPN A was unfamilair with residents. The residents blood sugar stayed low the resident was sent to emergency room and admitted . Review showed nursing staff in-serviced on proper medication administration on 04/23/24. During an interview on 5/6/24 at 9:14 A.M., the resident said he/she got medications that was his/her roommates and had to spend two days in the hospital because he/she does not have blood pressure issues normally and is not a diabetic. During an interview on 5/6/24 at 10:18 A.M., the administrator said there was a full investigation into a medication error with the resident. The agency nurse gave the resident the wrong medication. The physician was contacted immediately as were the family, vitals checks started, snacks and reverse medications given and the resident was then sent out to the hospital for monitoring. During an interview on 5/21/24 at 11:11 A.M., LPN A said he/she entered the room and addressed the resident and he/she responded, he/she was not aware the resident had a hearing deficit. He/She administered the medication and then went to change the resident catheter and he/she did not have one and this is when the error was noticed. The physician was immediately notified and snacks were given, the physician gave new orders to check blood sugar but the resident started having adverse reactions so he/she was immediately sent to the hospital. During an interview on 5/21/24 at 11:20 the Director of Nursing (DON) said he/she was contacted by the nurses on shift that a major medication error had occurred. LPN A had given the resident his/her roomates medication. He/She had addressed the resident and the resident had responded and the medication was administered. He/She said the review of the MAR showed it flipped the A and B bed as well. He/She said the physician and family was contacted immediately, vital signs were ordered, and the resident was given snacks. The resident was sent out to the hospital shortly after when he/she started having adverse reactions. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2024
NAME OF PROVIDER OR SUPPLIER Osage Beach Rehabilitation and Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 844 Passover Road Osage Beach, MO 65065	

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 0760 Level of Harm - Actual harm Residents Affected - Few	MO00235022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Osage Beach Rehabilitation and Health Care Center	844 Passover Road Osage Beach, MO 65065

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 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies. 43024 Based on interview and record review, the facility staff failed to conduct and document an annual facility-wide assessment to determine what resources are necessary to care for it's residents competently during both day-to-day operations and emergencies as required. The facility census was 73. 1. Review of the facility's Facility Assessment Report, dated September 2022 through August 2023, showed the assessment did not contain information on staffing for day-to-day operations and emergencies as required. During an interview on 5/6/24 at 1:14 P.M., the administrator said he/she did not have a full facility assessment completed and is aware it is required to be done annually. He/She said he/she staffs by census. MO00235022 MO00235450