

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265178	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2024
NAME OF PROVIDER OR SUPPLIER  Ozark Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1083 Ozark Care Drive, 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)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33477</b></p> <p>Based on interview and record review, facility staff failed to meet professional standards when staff failed to document they administered medications and failed to document the reason they did not administer the medications for two residents (Resident #1 and #2) out of four sampled residents. The facility census was 43.</p> <p>1. Review of the facility's Medication Administration policy, revised 11/18/17, showed:</p> <ul style="list-style-type: none"> <li>-Drug administration shall be defined as an act in which a single dose of a prescribed drug or biological is given to a resident by an authorized person in accordance with all laws and regulations governing such acts;</li> <li>-The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container, verifying it with the physician's orders, giving the individual dose to the proper resident, and promptly recording the time and dose given;</li> <li>-After a drug is given, record the date, time, name of drug, dose and route on the residents individual medication administration record (MAR);</li> <li>-Document any medications not administered for any reason by circling initials and documenting on the back of the MAR the date, time, medication, dosage, reason for omission and initials.</li> </ul> <p>2. Review of Resident #1's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 04/26/24, showed staff assessed the resident with severe cognitive impairment and short and long term memory problems.</p> <p>Review of the resident's Physician Order Sheets (POS), dated 05/01/24 to 05/31/24, showed the resident's physician directed staff to provide the resident with:</p> <ul style="list-style-type: none"> <li>-Furosemide (a diuretic used to treat fluid retention) 40 milligrams (mg) of twice a day;</li> <li>-Quetiapine (an antipsychotic used to treat schizophrenia and major depressive disorder) 25 mg twice a day;</li> <li>-Tramadol (an opioid pain reliever) 50 mg three times a day;</li> </ul> <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265178	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2024
NAME OF PROVIDER OR SUPPLIER  Ozark Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1083 Ozark Care Drive, 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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Melatonin five mg at hours of sleep.</p> <p>Review of the resident's MAR, dated 05/08/23, showed staff did not document they administered the resident's furosemide, tramadol, quetiapine and melatonin as directed by his/her physician. Review showed staff did not document why they did not administer the medications.</p> <p>3. Review of the resident 2's quarterly MDS dated [DATE], showed staff assessed the resident as follows:</p> <p>-Intact cognition;</p> <p>-Diagnoses of cerebral palsy, quadriplegia, depression, major depressive disorder, low back pain, epilepsy, nightmare disorder, and muscle spasm of the back;</p> <p>-had a scheduled pain medication regimen and frequent pain;</p> <p>-took antidepressant and opioid medications.</p> <p>Review of the resident's POS, dated 06/01/24 through 06/30/24, showed the resident's physician directed staff to provide the resident with:</p> <p>-Melatonin 10 mg daily;</p> <p>-Baclofen (a muscle relaxer) 20 mg four times a day;</p> <p>-Hydrocodone/acetaminophen (a narcotic pain reliever) 10/325 mg four times a day.</p> <p>Review of the resident's MAR, dated 06/01/24, showed staff did not document they administered the resident's scheduled melatonin, hydrocodone/acetaminophen and baclofen as directed by the physician. Review showed staff did not document why they did not administer the medications.</p> <p>During an interview on 06/04/24 at 4:45 P.M., Resident #2 said on the night of 06/01/24, Certified Medication Technician (CMT) A administered his/her medications very late and he/she did not believe the CMT gave him/her all of his/her medications. The resident said he/she had less pills in the cup than usual and knew that the CMT did not include his/her baclofen. The resident said the CMT also did not administer his/her P.M. dose of baclofen earlier that day which caused him/her to be in a lot of pain from his/her muscle spasms that night. The resident said he/she told the CMT that he/she did not get all of his/her medications and the CMT did not believe him/her and said that he/she gave him/her all the medications he/she had ordered.</p> <p>During an interview on 06/10/24 at 1:52 P.M., CMT A said he/she worked the evening shift on 06/01/24 and administered medications during his/her shift. The CMT said he/she worked at the facility through a staffing agency and that was his/her first night passing medications at the facility. The CMT said he/she had to pass medications to more residents than he/she was used to and while he/she did run late with the medication pass, he/she made sure that all residents had their medications as ordered. The CMT said medications should be documented as administered on the MAR at the time they are administered and if they are not documented it is considered an error. The CMT said he/she did not realize that he/she did not document that he/she administered all of Resident #2's medications.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265178	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2024
NAME OF PROVIDER OR SUPPLIER  Ozark Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1083 Ozark Care Drive, 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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>4. During an interview on 06/10/24 at 2:44 P.M., the Director of Nursing (DON) said staff should document all medications administered on the MAR at the time of administration. The DON said failure to documented the administration of medication is a medication error and he/she did not know about the medications that were not documented as administered for Residents #1 and #2.</p> <p>During an interview on 06/10/24 at 3:12 P.M., the administrator said staff should document all medications administered on the MAR at the time of administration and staff are trained on this requirement. The administrator said failure to document the administration of medication is a medication error he/she did not know about the medications that were not documented as administered for Residents #1 and #2.</p> <p>MO00237011</p>		