

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265348	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/25/2024
NAME OF PROVIDER OR SUPPLIER Camelot Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 705 Grand Canyon Drive Farmington, MO 63640	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>49754</p> <p>Based on observation, interview, and record review, the facility failed to maintain an error rate of less than five percent when medications were administered. There were 28 opportunities with three medication errors made, for an error rate of 10.7%. Out of six residents observed, this affected two residents (Resident #1 and #47) out of 16 sampled residents and one resident (Resident #10) outside the sample. The facility's census was 64.</p> <p>Review of the facility's policy titled, Specific Medication Administration Procedures/Injectable Medication Administration, revised September 2018, showed:</p> <ul style="list-style-type: none"> - Pen Devices: dial dose as instructed and prime pen needle per manufacturer guidelines. <p>Review of NovoLog Flex Pen (insulin in a pen-type device) instructions showed:</p> <ul style="list-style-type: none"> - Remove cap; - Attach needle; - Prime pen by turning dose selector to select two units; - Press and hold button and make sure drop of insulin appears; - Select dose; - Give injection; - After dose counter reaches zero, count to six; - After injection, remove needle and place in sharps container. <p>Review of Fiasp Flextouch Pen instructions showed:</p> <ul style="list-style-type: none"> - Check your insulin type; - Attach a new needle; <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: 265348	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/25/2024
NAME OF PROVIDER OR SUPPLIER Camelot Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 705 Grand Canyon Drive Farmington, MO 63640	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - Prime your pen, turn the dose selector to select two units; - Press and hold the dose button until the counter shows zero and a drop of insulin appears; - Select your dose; - Give injection; - After the dose counter reaches zero, slowly count to six; - Remove the needle and place in a sharps container; - Replace the pen cap. <p>1. Observation on 10/23/24 at 11:00 A.M. showed:</p> <ul style="list-style-type: none"> - Licensed Practical Nurse (LPN) A obtained the finger stick blood sugar (FSBS) for Resident #1; - LPN A obtained the Novolog Flex Pen from the medicine cart and adjusted the pen to the amount of insulin ordered; - LPN A did not prime the pen with two units of insulin per the manufacturer's directions prior to administering insulin to the resident. <p>2. Observation on 10/23/24 at 11:05 A.M. showed:</p> <ul style="list-style-type: none"> - LPN A obtained the FSBS for Resident #47; - LPN A obtained the Novolog Flex Pen from the medicine cart and adjusted the pen to the amount of insulin ordered; - LPN A did not prime the pen with two units of insulin per the manufacturer's directions prior to administering insulin to the resident. <p>3. Observation on 10/23/24 at 11:10 A.M. showed:</p> <ul style="list-style-type: none"> - LPN A obtained the FSBS for Resident #10; - LPN A obtained the Fiasp Flextouch Pen from the medicine cart and adjusted the pen to the amount of insulin ordered; - LPN A did not prime the pen with two units of insulin per manufacturer's directions prior to administering insulin to the resident. <p>During an interview on 10/23/24 at 11:15 A.M., LPN A said he/she never primes the insulin pens, but guessed he/she should start.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265348	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/25/2024
NAME OF PROVIDER OR SUPPLIER Camelot Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 705 Grand Canyon Drive Farmington, MO 63640	
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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/25/24 at 1:20 P.M., the Administrator and Director of Nursing (DON) said they would expect insulin pens to be primed before administering the prescribed dose.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265348	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/25/2024
NAME OF PROVIDER OR SUPPLIER Camelot Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 705 Grand Canyon Drive Farmington, MO 63640	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>49754</p> <p>Based on observation, interview, and record review, the facility failed to label medication in a safe and effective manner. This affected one resident (Resident #10) outside of the 16 sampled residents. The facility's census was 64.</p> <p>Review of the facility's policy titled, Medication Storage in the Facility/Storage of Medications, revised November 2018, showed:</p> <ul style="list-style-type: none"> - Certain medications or package types, such as IV solution, multiple dose injectable vials, ophthalmics, nitroglycerin tablets, blood sugar testing solutions and strips, once opened, require an expiration date shorter than the manufacturer's expiration date to insure medication purity and potency. <p>Review of the manufacturer's recommendations for Fiasp Flextouch insulin pen showed the medication is to be discarded after eight weeks of being opened.</p> <p>1. Observation on 10/23/24 at 11:10 A.M. of the nurse's medication cart on A Hall showed:</p> <ul style="list-style-type: none"> - Resident #10's opened and undated Fiasp FlexTouch insulin pen (insulin in a pen-type device); - Licensed Practical Nurse (LPN) A gave Resident #10 a dose of insulin from the undated pen. <p>During an interview on 10/23/24 at 11:10 A.M., LPN A said pens should be dated when opened. This one was probably just opened this morning. Whoever opens the pen should date them.</p> <p>During an interview on 10/25/24 at 1:20 P.M., the Administrator and Director of Nursing (DON) said they would expect insulin pens to be dated when opened.</p>		