STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265356	A. Building B. Wing	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley Manor and Rehabilitation Center	1410 Hospital Drive Excelsior Springs, MO 64024

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. Based on interviews and record review, the facility failed to administer medications for pain management in accordance with the resident's physician orders, which caused unnecessary pain for one Resident (Resident #1) of five sampled residents. The facility census was 63. Review of the facility policy titled, Pain Assessment and Management, revised April 2025, showed: -Establish a treatment regimen specific to the resident based on consideration of the following: a) The resident's medical condition; b) Current medication regimen; c) Nature, severity, and cause of the pain. -The medication regimen is implemented as ordered; -Ongoing communication between the prescriber and the staff is necessary for the optimal and judicious use of pain medications; -Contact the provider immediately if the resident's pain is not adequately controlled. Review of the facility's undated Medication Administration and Scheduled Medication Administration policy showed: -Scheduled medications include all maintenance doses administered according to a standard, repeated cycle of frequency and may be time-critical or non-time critical. 1. Review of Resident #1's Significant Change Minimum Data Set (MDS), a federally mandated assessment completed by facility staff, dated 3/14/2025, showed: -Moderately impaired cognition; -Scheduled and PRN (as needed) pain management medications was indicated; - The resident had pain occasionally; -Diagnoses included: Debility, anxiety, depression, lung disease, and pain. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Resident's Physician's Order sheet, active as of 4/30/25., showed: -Pregabalin oral capsule 150 milligrams (mg) given by mouth three times a day for pain. Review of Resident #1's medication administration record (MAR) for the month of April 2025, showed: -Pregabalin doses, during April 2025: 4/11 (evening dose), 4/12 (morning dose), 4/13 (all three doses), 4/14 (evening dose), 4/15 (afternoon dose), 4/16 (evening dose), 4/20 (evening dose, 4/21(afternoon dose), 4/22 (morning and afternoon dose), nursing staff did not document giving the medication to the resident. During an interview on 5/1/2025 at 11:12 A.M., the Resident said: -He/She was supposed to get pregabalin three times a day; -He/She did not get the pregabalin, as prescribed, during the last two weeks of April 2025; -He/She was in pain while waiting for the pregabalin to be administered. During an interview on 5/1/2025 at 2:45 P.M., the ADON., said: -He/She could not explain the gap in the administration of pregabalin; -The facility should have administered the pregabalin as the physician ordered; -The pharmacy was waiting for the physician to sign the order. During an interview on 5/1/2025 at 4:15 P.M., the Administrator said he/she expects medications to be administered as ordered. MO253261