

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265358	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/12/2026
NAME OF PROVIDER OR SUPPLIER Riverbend Heights Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 Highway 13 South Lexington, MO 64067	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one sampled resident (Resident #3) received Zerbaxa (a specialty compounded medication) as ordered 12/13/25 and 12/14/25 resulting in the resident returning to the hospital in order to receive the needed medication out of 16 sampled residents. The facility census was 84 residents. Review of the facility's policy, Medication Therapy, dated April 2007 showed: -Each resident's medication regimen should have included only those medications necessary to treat existing conditions and address significant risks. -Medication use should have been consistent with an individual's condition, prognosis, values, wishes, and responses to such treatment. 1. Review of Resident #3's face sheet showed he/she had been readmitted to the facility on [DATE] with the following diagnoses: Ventilator Associated Pneumonia ([NAME] - serious lung infection that developed in critically ill patients who were on a breathing machine for over 48 hours caused by germs). -Chronic Obstructive Pulmonary disease (COPD - a progressive lung condition that makes it hard to breathe due to damaged airways). -Acute Respiratory Failure (a life- threatening condition where the lungs suddenly can't get enough oxygen into the blood). -Pneumonia (a lung infection causing inflammation and fluid triggered by bacteria, viruses or fungi) due to Methicillin Resistant Staphylococcus Aureus (MRSA -a dangerous staph infection resistant to common antibiotics). -Sepsis (a life- threatening medical emergency caused by the body's extreme response to an infection, leading to a chain reaction that could cause tissue damage, organ failure and death) due to MRSA. -Bronchopneumonia (Inflammation in the lungs). -Traumatic Brain Injury (TBI is damage to the brain from a sudden external force like a blow, jolt, or penetrating object leading to disruption in the brain function). -Tracheostomy Status (a surgical procedure that creates an opening in the neck to the windpipe to provide an airway for breathing and to remove secretions from the lungs). -Gastrostomy Status (a surgically created opening from the skin directly into the stomach for a flexible feeding tube to provide nutrition or medication when swallowing was unsafe). Review of the resident's reentry Minimum Data Set (MDS - a federally mandated assessment tool completed by the facility for care planning) dated 12/18/25 showed the resident was not cognitively intact. Review of the resident's hospital discharge instructions, dated [DATE] showed the following order: -Zerbaxa (a combination of medications used as a powerful intravenous (IV- medication given through a vein) antibiotic (a substance that fights bacterial infection) for serious bacterial infections) Intravenous Solution Reconstituted 1.5 (1-0.5) grams/ (Ceftolozane Sulfate-3000 milligram (mg) via IV to be given every eight hours. Finish (course of medication) through 12/17/25. Review of the resident's care plan dated 12/11/25 showed he/she required a feeding tube and was to take nothing by mouth. Review of the resident's Nurses' Notes dated 12/11/25 showed the resident came back to the facility at 6:00 P.M. Review of the resident's Nurses' Notes dated 12/12/25 at 10:25 A.M. showed: -The nurse had attempted to place an IV line in the resident twice (unsuccessfully). -The resident was sent to a nearby hospital for IV insertion. -The resident returned to the facility</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 265358	If continuation sheet Page 1 of 3

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