STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265365	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonebridge Florissant	6768 North Highway 67 Florissant, MO 63034

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 0635 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide doctor's orders for the resident's immediate care at the time the resident was admitted. (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

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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 0635 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to document physician orders were verified for one resident (Resident #74) admitted for respite care. The sample was 17. The census was 66. Review of the facility's Admissions and admission Agreement Policy, dated February 2025, showed: Prior to or at the time of admission, the resident's attending physician must provide the facility with information needed for the immediate care of the resident, including orders covering at least: medication orders, including (as necessary) a medical condition or problem associated with each medication; and routine care orders to maintain or improve the resident's function until the physician and care planning team can conduct a comprehensive assessment and develop a more detailed Interdisciplinary care plan. Review of the facility's Reconciliation of Medications on admission Policy, dated revised 2017, showed:-Purpose: The purpose of this procedure is to ensure medication safety by accurately accounting for the resident's medications, routes and dosages upon admission or readmission to the facility;-Preparation: Gather the information needed to reconcile the medication list: approved medication reconciliation form; admission order sheet; all prescription and supplement information obtained from the resident/family during the medication history;-Steps in procedure: If a medication history has not been obtained from the resident or family, complete this first;-Using an approved medication reconciliation form or other record, list all medications from the medication history, the discharge summary, the previous Medication Administration Record (MAR) (if applicable), and the admitting orders (sources);-Review the list carefully to determine if there are discrepancies/conflicts;-If there is a discrepancy or conflict in medications, dose, route or frequency, determine the most appropriate action to resolve the discrepancy;-Document the medication discrepancy on the medication reconciliation form;-Document what actions were taken by the nurse to resolve the discrepancy;-If the discrepancy was unresolved, document how the discrepancy was communicated to the charge nurse, physician, pharmacy, and/or next shift;-If the discrepancy was resolved, document how the discrepancy was resolved. Review of Resident #74's medical record, showed:-Resident was alert with confusion;-admitted [DATE] and left against medical advice (AMA) on 6/15/25;-readmitted on [DATE] for respite care and discharged on 7/28/25;-Diagnoses included diabetes, anoxic brain injury (brain completely loses its oxygen supply, leading to potential brain cell death), polysubstance abuse, history of stroke, seizure disorder, high cholesterol, high blood pressure and chronic end stage renal failure (irreversible kidney disease). Review of the physician order sheet, dated active orders as of 8/22/25, showed: -A physician order for amlodipine besylate oral tablet 5 milligrams (mg), Give 5 mg by mouth one time a day for blood pressure, order date 7/24/25;-A physician order for aspirin tablets chewable 81 mg, give 1 tablet by mouth one time a day for prophylactics, order date 6/13/25;-A physician order for atorvastatin calcium oral tablet (used to treat high cholesterol) 40 mg, give 1 tablet by mouth one time a day for prophylactic, order date 6/13/25;-A physician order for farxiga oral tablet (used to treat diabetes) 10 mg, give 1 tablet by mouth one time a day for give prior to breakfast, order date 6/13/25;-A physician order for hydroxyzine hcl oral tablet 10 mg, give 10 mg by mouth four times a day for anxiety, order date 7/24/25;-A physician order for insulin glargine solution 100 unit/milliliter (ml), inject 14 unit subcutaneously (under the skin) one time a day for diabetes, order date 7/24/25;-A physician order for Keppra tablet 500 mg, give 1 tablet by mouth two times a day for anticonvulsant, order date 6/13/25;-A physician order for metoprolol tartrate oral tablet 50 mg, give 50 mg by mouth two times a day for blood pressure, order date 7/24/25;-A physician order for Novolog flex pen subcutaneous solution pen-injector 100 UNIT/ml, inject as per sliding scale: if 181 - 200 = 1 units; 201 - 250 = 2 units; 251 - 300 = 3 units; 301 - 350 = 4 units; 351 -400 = 5 units; 401+ = 6 units 401 and greater give 6 units, subcutaneously three times a day for hyperglycemia (blood glucose levels are elevated above normal), order date 7/24/25;-A physician order for oxycodone hcl oral tablet 5 mg, give 5 mg by mouth as needed for pain take one tablet by mouth as needed two times daily, order date 7/24/25;-A physician order for ramelteon tablet 8 mg, give 1 tablet by mouth at bedtime for insomnia, order date 7/24/25;-A physician order for trazodone hcl tablet 50 mg, give 50 mg by mouth at bedtime for insomnia, order date 7/24/25. Review of the progress notes, dated 7/24/25 at 7:30 P.M., showed no documentation the physician orders were verified with the physician. Review of the hospital records, dated 7/21/25, provided by the Administrator, after the surveyor asked for the information staff used for admitting the resident to the facility, showed there was no discharge summary or after care summary. During an interview on 8/20/25 at 6:34 A.M., Assistant Director of

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide necessary medications as ordered by the physician. In addition, they failed to notify and document the physician was made aware of the missed medications for one of 17 sampled residents (Resident #74). The census was 66. Review of the facility's Administering Medications Policy, dated revised December 2012, showed:-Medications shall be administered in a safe and timely manner, and as prescribed;-Medications must be administered in accordance with the orders, including any required time frame;-Medications must be administered within one hour of their prescribed time, unless otherwise specified (for example, before and after meals);-If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administrating the medication shall document appropriately in the clinical chart. Review of the facility's Obtaining a Fingerstick Glucose Level, dated revised October 2011, showed:-Purpose: The purpose of this procedure is to obtain a blood sample to determine the resident's blood glucose level;-Documentation: The person performing this procedure should record the following information in the resident's medical record:-If the resident refused the procedure, the reason(s) why and the intervention taken;-The blood sugar results;-The signature and title of the person recording the data;-Reporting: Report results promptly to the supervisor and the attending physician;-Notify the supervisor if the resident refuses the procedure;-Report other information in accordance with facility policy and professional standards of practice. Review of the facility's Adverse Consequences and Medication Errors Policy, dated revised April 2017, showed:-A medication error is defined as the preparation or administration of drugs or biologicals which is not in accordance with physician's orders, manufacturer specifications, or accepted professional standards and principles of professional(s) providing services. Examples of medication errors include omission-a drug is ordered but not administered. Review of Resident #74's medical record, showed:-Resident was alert with confusion, he/she could make needs known;-Was readmitted on [DATE] for respite care and discharged on 7/28/25; -Diagnoses included diabetes, anoxic brain injury (brain completely loses its oxygen supply, leading to potential brain cell death), polysubstance abuse, history of stroke, seizure disorder, high cholesterol, high blood pressure and chronic end stage renal failure (irreversible kidney disease). Review of the physician order sheet, dated active orders as of 8/22/25, showed: -A physician order for amlodipine besylate oral tablet 5 milligrams (mg), give 5 mg by mouth one time a day for blood pressure, order date 7/24/25;-A physician order for aspirin tablets chewable 81 mg, give 1 tablet by mouth one time a day for prophylactics, order date 6/13/25;-A physician order for farxiga oral tablet 10 mg, give 1 tablet by mouth one time a day for give prior to breakfast, order date 6/13/25;-A physician order for hydroxyzine hcl oral tablet 10 mg, give 10 mg by mouth four times a day for anxiety, order date 7/24/25;-A physician order for insulin glargine solution 100 unit/milliliter (ml), inject 14 units subcutaneously (under the skin) one time a day for diabetes, order date 7/24/25;-A physician order for keppra tablet 500 mg, give 1 tablet by mouth two times a day for anticonvulsant, order date 6/13/25;-A physician order for metoprolol tartrate oral tablet 50 mg, give 50 mg by mouth two times a day for blood pressure, order date 7/24/25;-A physician order for novolog flex pen subcutaneous solution pen-injector 100 UNIT/ML, inject as per sliding scale: if 181 - 200 = 1 units; 201 - 250 = 2 units; 251 - 300 = 3 units; 301 - 350 = 4 units; 351 -400 = 5 units; 401+ = 6 units 401 and greater give 6 units, subcutaneously three times a day for hyperglycemia, order date 7/24/25. Review of the Medication Administration Record (MAR), dated 7/24/25 through 7/25/25, showed:-A physician order for amlodipine besylate oral tablet 5 milligrams (mg), Give 5 mg by mouth one time a day for blood pressure; -7/25/25, A.M., HD (hold, see progress notes) was documented; -A physician order for aspirin tablets chewable 81 mg, give 1 tablet by mouth one time a day for prophylactics; -7/25/25, 8 A.M., HD was documented; -A physician order for farxiga oral tablet 10 mg, give 1 tablet by mouth one time a day, give prior to breakfast; -7/25/25, 8 A.M., HD was documented; -A physician order for hydroxyzine hcl oral tablet 10 mg, give 10 mg by mouth four times a day for anxiety; -7/25/25 at 8 A.M., 12:00 P.M. and 4:00 P.M., HD was documented;-A physician order for keppra tablet 500 mg, give 1 tablet by mouth two times a day for anticonvulsant; -7/25/25 at 8 A.M. and 4:00 P.M., HD was documented;-A physician order for metoprolol tartrate oral tablet 50 mg, give 50 mg by mouth two times a day for blood pressure; -7/25/25 at 4:00 P.M., HD was documented;-A physician order for novolog flex pen subcutaneous solution pen-injector 100 unit/ml, inject as per sliding scale: if 181 - 200 = 1 units; 201 - 250 = 2 units; 251 - 300 = 3 units; 301 - 350 = 4 units; 351 -400 = 5 units; 401+ = 6 units 401 and greater give 6