

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265486	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2025
NAME OF PROVIDER OR SUPPLIER Stonebridge Maryland Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 2963 Doddridge Avenue Maryland Heights, MO 63043	

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 - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265486	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2025
NAME OF PROVIDER OR SUPPLIER Stonebridge Maryland Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 2963 Doddridge Avenue Maryland Heights, MO 63043	
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 - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to meet professional standards when staff failed to administer and document medications as ordered by the physician for six of seven sampled residents (Residents #6, #2, #4, #5, #3 and #1). The census was 150. Review of the facility's Administering Medications policy, revised 2012, showed:-Policy Statement: Medications shall be administered in a safe and timely manner, and as prescribed;-Policy Interpretation and Implementation: -Only persons licensed or permitted by this state to prepare, administer and document the administration of medications may do so; -The Director of Nursing Services will supervise and direct all nursing personnel who administer medications and/or have related functions; -Medications must be administered in accordance with the orders, including any required time frame; -Medications must be administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders). 1. Review of Resident #6's significant change in status Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated [DATE], showed the following:-Cognitive impairment;-Diagnoses included cancer and Alzheimer's disease;-Dependent with activities of daily living (ADLs);-No prognosis of life expectancy of less than 6 months; -Received antianxiety medications daily;-Received hospice services. Review of the resident's care plan, revised on [DATE], showed the following:-Problem: Chemotherapy related to right neoplasm of the breast (cancer);-Intervention: Administer medications and treatments as ordered; Monitor/document for side effects and effectiveness;-Problem: Hospice services-end of life care;-Intervention: Give medications as ordered. Review of the resident's physician's orders dated for [DATE], showed an order, dated [DATE], for lorazepam (antianxiety) oral concentrate 2 milligram (mg) per milliliter (ml), give 0.25 ml by mouth every 4 hours related to malignant neoplasm of right breast.Review of the resident's [DATE] medication administration record (MAR), for lorazepam 0.25 ml every 4 hours showed:-[DATE], administered at 4:00 P.M. and 10:00 P.M.;-[DATE], no missed doses;-[DATE], not administered as ordered at 4:00 P.M. and 10:00 P.M.;-[DATE] not administered as ordered at 12:00 A.M. and 4:00 A.M.;-[DATE], no missed doses;-[DATE], not administered as ordered at 4:00 P.M. Review of the resident's individual controlled substance record for lorazepam 2 mg/ml, showed staff did not sign out the medications on:-[DATE], at 4:00 P.M. or at 10:00 P.M.;-[DATE], at 4:00 A.M. or at 10:00 P.M.;-[DATE], at 4:00 A.M., 8:00 A.M., 12:00 P.M. 4:00 P.M. or at 10:00 P.M.;-[DATE], at 12:00 A.M., 4:00 A.M., or at 10:00 P.M.;-[DATE], at 4:00 A.M.;-[DATE], at 4:00 P.M. Observation of the resident's controlled medications on [DATE] at 9:30 A.M., showed the resident had one bottle of liquid lorazepam 2 mg/ml, delivered to the facility on [DATE] with 30 ml. The bottle contained 28 ml of unused liquid. Review of the resident's physician's orders dated [DATE], showed an order dated [DATE], for Morphine Sulfate concentrate solution (for moderate to severe pain), 100 mg per 5ml. Give 0.25 ml, by mouth every four hours related to Alzheimer's disease. Review of the resident's [DATE] MAR, showed morphine sulfate 0.25 ml every four hours left blank on:-[DATE] at 4:00 P.M. and 10:00 P.M.;-[DATE] at 12:00 A.M. and 4:00 A.M.;-[DATE] at 4:00 P.M. Review of the resident's individual controlled substance record for morphine sulfate 0.25 every four hours, showed no documentation staff signed out or administered the medication on:-[DATE] at 4:00 A.M. or 10:00 P.M.;-[DATE] at 4:00 A.M., 8:00 A.M., 12:00 P.M., 4:00P.M. or 10:00 P.M.;-[DATE] at 12:00 A.M., 4:00 A.M., or 10:00 P.M.;-[DATE] at 4:00 A.M., or 8:00 A.M.;-[DATE] at 4:00 P.M. Observation of the resident's controlled medications on [DATE] at 9:30 A.M., showed the resident had one bottle of liquid morphine sulfate solution 100 mg/5 ml, delivered to the facility on [DATE] with 30 ml. The bottle had 28 ml of unused liquid. Review of the resident's progress note dated [DATE], showed he/she expired at 6:20 P.M. 2. Review of Resident #2's admission MDS, dated 7/20125, showed the following:-Cognitive impairment;-No behaviors;-Partial/moderate assistance with ADLs;-Diagnoses of cancer and dementia;-On scheduled pain regimen;-Opioids daily;-Received hospice care. Review of the resident's care plan, dated [DATE], showed the following:-Problem: Hospice services-End of life care;-Intervention: Give medications as ordered for comfort and air hunger (a distressing sensation of suffocation or breathlessness) as needed. Review of the resident's physician's orders for [DATE], showed an order for hydrocodone-acetaminophen (hydro/apap, given for moderate to severe pain) 325 mg oral tablets, one tablet three times per day related to neoplasm related to pain. Review of the resident's [DATE] MAR, showed the following:-Hydro/apap 5/325 mg, one tablet three times per day at 8:00 A.M., 12:00 P.M., and 6:00 P.M.; -Not available on [DATE] at 12:00 P.M. and 6:00 P.M. -Not available on [DATE] at 8:00 A.M. 12:00 P.M. and</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265486	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2025
NAME OF PROVIDER OR SUPPLIER Stonebridge Maryland Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 2963 Doddridge Avenue Maryland Heights, MO 63043	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265486	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2025
NAME OF PROVIDER OR SUPPLIER Stonebridge Maryland Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 2963 Doddridge Avenue Maryland Heights, MO 63043	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to establish a system of records for all controlled drugs with sufficient detail to enable an accurate reconciliation, for four out of six medication carts reviewed. This had the potential to affect all residents with orders for controlled substances. The census was 150. Review of the facility's Controlled Substances policy, revised 2016, showed:-Policy Statement: The facility shall comply with all laws, regulations, and other requirements related to handling, storage, disposal, and documentation of Schedule II (substances with a high potential for abuse and addiction but also have accepted medical use in treatments) and other controlled substances;-Policy Interpretation and Implementation:-Only authorized licensed nursing and/or pharmacy personnel shall have access to Schedule II controlled drugs maintained on premises;-The Director of Nursing Services will identify staff members who are authorized to handle controlled substances;-Controlled substances must be stored in the medication room in a locked container, separate from containers for any non-controlled medications. This container must remain locked at all times, except when it is accessed to obtain medications for residents;-Nursing staff must count controlled medications at the end of each shift. The nurse coming on duty and the nurse going off duty must make the count together;-They must document and report any discrepancies to the Director of Nursing Services;-The Director of Nursing Services shall investigate any discrepancies in narcotics reconciliation to determine the cause and identify any responsibility parties, and shall give the Administrator a written report of such findings;-The Director of Nursing Services shall consult with the provider pharmacy and the Administrator to determine whether any further action is indicated. Review of the facility's Administering Medications policy, revised 2012, showed:-Policy Statement: Medications shall be administered in a safe and timely manner, and as prescribed;-Policy Interpretation and Implementation:-Only persons licensed or permitted by this state to prepare, administer and document the administration of medications may do so;-The Director of Nursing Services will supervise and direct all nursing personnel who administer medications and/or have related functions;-Medications must be administered in accordance with the orders, including any required time frame;-Medications must be administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders). Review of the facility's Narcotic Reconciliation Revised 8/19/2025, showed:-The narcotic count must be done by both on-coming and off-going licensed nurse/Certified Medication Technician (CMT).-The on-coming employee will be handling the actual bubble cards to be counted;-The off-going employee will handle the actual narcotic book;-The number of cards will be counted and verified first. All items must be visibly checked (Check for refrigerated items);-All liquid narcotics MUST be poured into a 30 cc (cubic centimeters) medication cup to be measured for accuracy. After you get the correct number, pour it back into the original bottle;-The employee with the book will begin the count by calling out the name of the resident, drug and how many pills remain on the card; -It is always wise for the employee with the bubble cards to look at the sheet to ensure that the correct number is being called out;-Once the narcotics are all counted and verified, both employees must sign the reconciliation sheet under the appropriate date NO EXCEPTIONS!!!!!!!;-The off-going nurse will then hand the keys over to the on-coming employee.-If there is a discrepancy with the count, the Director of Nursing (DON) and management MUST BE CALLED IMMEDIATELY;-The on-coming employee does not have to accept the keys until further directives are given, and discrepancies are cleared;-Keys must stay with the nurse/CMT at all times, or under double locks, DO NOT PLACE KEYS IN THE DRAWERS; -Always report issues and concerns dealing with narcotics to management;-Failure to follow policy and procedure narcotics will result in termination and possible jail time and reporting to Missouri Board of Nursing. 1. Review of Aspen's narcotic book count sheets, dated August 2025, showed:-16 out of 37 shifts had no nurse or CMT signature on the shift change count;-37 out of 37 shifts failed to count the controlled substances cards and/or boxes. 2. Review of Magnolia's narcotic book count sheets, dated August 2025, showed:-Seven out of 37 shifts had no nurse or CMT signature on the shift change count;-29 out of 37 shifts failed to count the controlled medications cards and/or boxes. 3. Review of Cypress' narcotic book count sheets, dated August 2025, showed:-10 out of 37 shifts had no nurse or CMT signature on the shift change count;-35 out of 37 shifts failed to count controlled substance cards and/or boxes. 4. Review of Hawthorn's narcotic book count sheets, dated August 2025, showed:-Three out of 37 shifts had no nurse or CMT signature on the shift change count;-12 out of 37 shifts failed to count controlled substances cards and/or boxes. 5. During an</p>		