

| | | | |
|--|--|--|--|
| 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 11/14/2025 |
| 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) |
| F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. (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

| | | | |
|--|---|--|--|
| 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 11/14/2025 |
| 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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to immediately notify the resident's physician when there was a significant change in the resident's physical status for one resident (Resident #1), per facility policy when the resident experienced a hypoglycemic episode and became unresponsive. The resident experienced a second hypoglycemic episode on the following shift, required life saving measures, and was sent out to the hospital urgently. The sample size was 8. The facility census was 141. Review of the facility's Change in a Resident's Condition or Status policy, dated [DATE], showed the nurse will notify the resident's attending physician or physician on call when there has been a significant change in the resident's physical/emotional/mental condition. Review of facility's Diabetes Clinical Protocol policy, dated [DATE], showed:- Risk of hypoglycemia should be considered in any treatment plan, as it is a significant and high-risk complication of treatment. It may be necessary to accept somewhat higher blood sugars in order to minimize the risk of hypoglycemia;-The physician will follow up on any acute episodes associated with a significant sustained change in blood sugars or significant deterioration of previous glucose control and document resident status at subsequent visits until the acute situation is resolved;-As indicated, the physician will order appropriate labs test and adjust treatments based on these results and other parameters such as glycosuria, weight gain or loss, hypoglycemic episodes;-The physician will order desired parameters for monitoring and reporting information related to blood sugar management;-The staff will identify and report issues that may affect, or be affected by, a patient's diabetes and diabetes management. For example, urgent notification may be indicated if the individual has not eaten well or consumed sufficient fluids for two or more days and has fever, hypotension, lethargy or confusion.-The physician will help the staff clarify and respond to these episodes. Review of Resident #1 quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated [DATE], showed diagnoses included dementia and diabetes. Moderately impaired cognition. Review of resident's care plan, in use during the survey, showed:-Focus: Resident has diabetes.-Goal: Resident will have no complication is related to diabetes through the review date.-Interventions: Diabetes medication as ordered by doctor. Monitor/document for effectiveness. Fasting blood sugar as ordered by doctor. Review of the resident's electronic physician order sheet, showed:-An order dated [DATE], for Glucagon (an emergency medication kit used to raise blood sugar very quickly in someone with severe hypoglycemia) injection, inject 1 milligram (mg) subcutaneously (under the skin) as needed for hypoglycemia.-An give 2nd dose if no response after 15 minutes;-An order dated [DATE], for Glimperide (medication to treat diabetes, lowers the blood sugar by simulating the pancreas to release more insulin) 2 mg, one tablet a day;-An order dated [DATE], for Humalog (short acting insulin) pen, inject as per sliding scale: if 150-200 = 2 units; 201-250 = 4 units; 251-300 = 6 units; 301-350 = 10 units; 351-400 = 12 units; 401-450 = 14 units; 451 - 500 = 16 units call MD if over 500, subcutaneously one time a day related to diabetes with unspecified complications;-An order dated [DATE], for insulin glargine (Lantus, long acting insulin), inject 20 unit subcutaneously one time a day for diabetes with unspecified complications. Review of resident's electronic Medication Administration Record (eMar) medication administration notes, showed:-On [DATE] at 7:26 A.M., Glucagon injection kit. Inject 1mg subcutaneously as needed for hypoglycemia. May give second dose if no response after 15 minutes: Resident's blood sugar is 40 (a blood sugar below 54 is considered severe hypoglycemia, a condition that requires immediate help from another person to treat and can lead to unconsciousness);-On [DATE] at 8:27 A.M., Glucagon injection kit. Inject 1mg subcutaneously as needed for hypoglycemia. May give second dose if no response after 15 minutes: Blood sugar was 67, 5 minutes after administration, orange juice given and blood sugar was 127 (normal range), 15 minutes afterward. Will continue to monitor. PRN (as needed) administration was effective. Review of resident's progress notes, showed on [DATE] at 3:20 A.M., the Registered Nurse (RN) C found the resident face down on the floor in his/her room, hardly breathing, foaming at the mouth and unresponsive. 911 was called and cardiopulmonary resuscitation (CPR) was started. When paramedics arrived, they took the resident's blood sugar and administered D10 (dextrose and water mixture given in the vein (IV) to correct hypoglycemia). Review of the resident's hospital medical record, dated [DATE], showed:-Blood sugar problem: Reading was 27, patient given D5 in route. Blood sugar was ten 88. Per EMS, the call was originally for cardiac arrest;-Resident brought in by EMS from skilled nursing facility after episode of unresponsiveness, found down:-Diagnosis: Hypoglycemia. During an interview on [DATE] at 10:18 A.M. a representative with the</p> | | |