STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265509	A. Building B. Wing	05/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South County Health Care Center	1101 West Outer 21 Road Arnold, MO 63010

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. Based on interview and record review, the facility staff failed to administer medications per physician's orders for two residents (Residents #1 and #3) out of five sampled residents. The facility census was 82. Review of the facility's policy titled, Medication Administration Policy, dated 06/26/24, showed: - Administer medication as ordered in accordance with manufacturer specifications; - Administer within 60 minutes prior to or after scheduled time unless otherwise ordered by physician. Review of the facility's policy titled, Intravenous Therapy, dated 05/18/24, showed: - Intravenous (IV) documentation is recorded in the nurses' notes and/or Medication Administration Record. 1. Review of Resident #3's medical record showed: - An admission date of 08/19/24; - Diagnoses of osteomyelitis (a serious infection of the bone causing inflammation and potentially damaging bone tissue), essential hypertension, hypertensive heart disease with heart failure (a condition where high blood pressure causes the heart to weaken and fail), polyneuropathy (damage or disease affecting peripheral nerves in roughly the same areas on both sides of the body, featuring weakness, numbness, and burning pain), old myocardial infarction (a previous heart attack), atrial fibrillation (an irregular and often rapid heart rhythm that affects the heart's upper chambers), chronic obstructive pulmonary disease (a group of lung diseases that block airflow and make it difficult to breathe), and edema (swelling caused by an abnormal accumulation of fluid in the body's tissues). Review of the resident's POS, dated 05/13/25, showed: - An order for cefepime (an antibiotic) intravenous solution two grams (gm) per 100 milliliters (ml) to be administered intravenously every twelve hours for cutaneous abscess, dated 04/28/25, and scheduled to end on 06/03/25; - An order for vancomycin (an antibiotic) intravenous solution 750 mg to be administered intravenously every 24 hours for cutaneous abscess, dated 04/28/25, and scheduled to end on 06/04/25; (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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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- An order for apixaban (an anticoagulant or blood thinner) oral tablet five mg, give one tablet by mouth two times a day related to atrial fibrillation, dated 04/28/25; - An order for clonidine (treats high blood pressure) oral tablet 0.2 mg, give one tablet by mouth three times a day related to hypertension, dated 04/27/25 and scheduled to end on 05/07/25; - An order for diltiazem (treats high blood pressure) extended-release beads oral capsule 180 mg, give one capsule by mouth one time a day related to hypertension, dated 08/19/24; - An order for hydralazine (treats high blood pressure) oral tablet 100 mg, give one tablet by mouth three times a day related to hypertension, dated 08/18/24; - An order for losartan potassium (treats high blood pressure) oral tablet 100 mg, give one tablet by mouth one time a day related to hypertension, dated 04/28/25; - An order for gabapentin (works in the brain to relieve pain for certain conditions in the nervous system) oral capsule 300 mg, give two capsules by mouth three times a day related to polyneuropathy, dated 08/18/24; - An order for ipratropium-Albuterol Inhalation Solution 0.5-2.5 mg per three ml, give one vial by mouth three times a day related to chronic obstructive pulmonary disease, dated 04/28/25; - Furosemide (water pill) oral tablet 20 mg, give one tablet by mouth one time a day related to edema, dated 04/28/25; - Metoprolol Succinate (treats high blood pressure) oral tablet extended release 50 mg, give three tablets by mouth every morning and at bedtime related to hypertension for 14 days, dated 04/28/25 and scheduled to end on 05/12/25. Review of the resident's medication administration record (MAR), dated April 2025, showed: - Diltiazem 180mg capsule by mouth daily not administered on 04/29/25 for a total of one missed dose. Review of the resident's MAR, dated May 2025, showed: - Vancomycin 750 mg every 24 hours infusion not administered on 05/01/25, 05/03/25, 05/04/25, or 05/05/25 for a total of four missed doses; - Cefepime two gm every 12 hours infusion not administered on 05/01/25 morning dose, 05/02/25 evening dose, 05/03/25 morning and evening doses, 05/04/25 morning and evening doses, and 05/05/25 morning dose for a total of seven missed doses; - Diltiazem 180 mg capsule by mouth daily not administered from 05/01/25 through 05/03/25 for a total of three missed doses; - Furosemide 20 mg tablet daily not administered on 05/01/25 and 05/03/25 and charted as medication not available for a total of three missed doses; (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Losartan 100 mg tablet daily not administered from 05/01/25 through 05/03/25 and charted as medication not available for a total of three missed doses; - Apixaban five mg tablet two times a day not administered on 05/01/25 and 05/02/25 for a total of four missed doses; - Metoprolol three 50 mg tablets at morning and bedtime were not administered from 05/01/25 through 05/03/25 and 05/04/25 evening dose and charted as medication not available for a total of seven missed doses; - Clonidine 0.2 mg tablet three times a day not administered from 05/01/25 through 05/03/25 and charted as medication not available for a total of nine missed doses; - Gabapentin two 300 mg capsules three times a day not administered from 05/01/25 through 05/03/25 and charted as medication not available for a total of nine missed doses; - Hydralazine 100 mg tablet three times a day not administered from 05/01/25 through 05/03/25 and 05/04/25 evening dose and charted as medication not available for a total of ten missed doses; - Ipratropium - Albuterol solution one vial three times a day not administered from 05/01/25 through 05/02/25 and 05/03/25 evening and charted as medication not available for a total of seven missed doses. Review of resident's blood pressure readings showed: - On 04/21/25 at 3:00 P.M., a blood pressure of 140/92 charted; - On 04/29/25 at 9:55 A.M., a blood pressure of 144/88 charted; - On 04/30/25 at 3:15 P.M., a blood pressure of 136/80 charted; - On 05/01/25 at 5:35 A.M., a blood pressure of 128/78 charted; - On 05/01/25 time unknown, a blood pressure of 186/110 charted; - On 05/01/25 at 5:00 P.M., a blood pressure recheck of 177/101 charted; - On 05/02/25 at 5:32 A.M., a blood pressure of 128/74 charted; - On 05/03/25 at 4:30 P.M., a blood pressure of 210/121 charted; - On 05/04/25 at 8:38 A.M., a blood pressure of 180/101 charted; - On 05/05/25 at 8:56 P.M., a blood pressure of 138/73 charted. Review of the resident's progress notes showed: (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- On 04/21/25 at 3:00 P.M., Resident sent to emergency room to be evaluated for abscess to right thigh per physician's order; - On 04/28/25 at 2:30 P.M., resident readmitted to facility; - No nurses note regarding elevated blood pressure on 05/01/25; - On 05/03/25 at 4:33 P.M., resident experiencing some lightheadedness and hypertension. Resident was instructed several times throughout the day that he/she needed to go to the hospital, but resident refused; - On 05/04/25 at 10:35 A.M., resident found in floor in room, vitals revealed a blood pressure of 180/101. Resident was asked if he wanted to go to the hospital for weakness and lightheadedness, and he/she refused; - On 05/04/25 at 5:00 P.M., resident said is feeling better with a blood pressure of 161/97; - On 05/05/25 at 7:49 P.M., resident lethargic and requesting to go to the hospital; - On 05/05/25 at 8:37 P.M., resident being transferred to hospital; Review of the resident's hospital medical record, dated 05/05/25, showed: - Resident admitted to the hospital with a diagnosis of cerebellar infarct (a stroke that affects the cerebellum in your brain), acute kidney injury (a sudden decline in the ability of your kidneys to filter waste and excess fluid from the blood), and osteomyelitis; - Resident was discharged to a hospice facility on 05/13/25. 2. Review of Resident #1's medical record showed: - An admission date of 01/09/24; - Diagnoses of vascular dementia (a form of dementia caused by conditions that reduce or block blood flow to the brain leading to cognitive decline and functional impairment), cervical disc degeneration (a condition where the cushioning discs in the neck wear down over time), pathological fracture (a fracture that occurs in bone that has been weakened by a disease, such as cancer or osteoporosis, rather than by a significant injury) of the hip, chronic kidney disease (a progressive condition where the kidneys gradually lose their ability to filter waste and excess fluid from the blood), essential hypertension (high blood pressure where the underlying cause is not known), and pain. Review of the resident's Physician's Order Sheet (POS), dated 05/12/25, showed: - An order for donepezil oral tablet 10 milligrams (mg), give one tablet by mouth at bedtime for dementia, dated 04/27/25; - An order for gabapentin oral capsule 100 mg, give one capsule by mouth three times a day, related to cervical disc degeneration, dated 04/27/25. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the resident's medication administration record (MAR), dated May 2025, showed: - Donepezil ten mg tablet by mouth at bedtime not administered from 05/02/25 through 05/04/25 for a total of three missed doses; - Gabapentin 100mg capsule by mouth three times a day was not administered on 05/02/25 evening dose, 05/03/25 evening dose, and 05/04/25 evening dose for a total of three missed doses. During an interview on 05/13/25 at 12:39 P.M., Certified Medication Technician (CMT) A said they have been having issues getting medications after changing over to a new pharmacy the first of May. During an interview on 05/13/25 at 3:05 P.M., the Assistant Director of Nursing (ADON) said all IV antibiotics are charted in the MAR and all documentation is done in the new electronic medical record starting on 05/01/25. She said Resident #3 received all his/her antibiotics because she did not have any to return when he/she was transferred to the hospital. During a telephone interview on 05/14/25 at 4:58 P.M., the Administrator said she would expect all medication to be given as ordered by the physician. During a telephone interview on 05/30/25 at 10:32 A.M., CMT A said residents' medications are ordered when they have five days of medication left. He/She said they were faxing over the medication refills at the beginning of the month, but now they are able to order through the electronic medical record (EMR). He/She said she would call the pharmacy if a resident's medication ran out and they would deliver by that evening. He/She said they did destroy left over medication at the end of April, but it was only a few. The majority of the residents' medications ran out on 04/30/25. During a telephone interview on 05/30/25 at 10:38 A.M., the ADON said the previous pharmacy ended on 04/30/25 and the new pharmacy started on 05/01/25. The new pharmacy told them they could not send medications because the insurance told them the previous company had billed through the middle of May. The residents' medication orders were sent to the new pharmacy prior to 05/01/25. The old emergency kit (E-kit) was limited on supplies and Resident #3's medications were not stocked in the E-kit. The new E-kit was delivered approximately a week after starting with the new pharmacy. The facility does not have a secondary pharmacy. During a telephone interview on 05/30/25 at 11:24 A.M., a pharmacy tech for the previous pharmacy said 23-day supply of medications for Resident #3 were delivered on 04/08/25 and a three-day supply of medications were delivered on 04/28/25. During a telephone interview on 05/30/25 at 12:00 P.M., the ADON said no medications were destroyed the end of April because there were not any left to destroy. The previous pharmacy only supplied through 04/30/25. The previous pharmacy had a pack system, and the facility would return the packs to the pharmacy when a resident was hospitalized . The pharmacy would then deliver the new packs when the resident was readmitted to the facility. She said this was done because resident medications usually changed during hospitalization. She said the IV antibiotics administration schedule for Resident #3 was set up by her. She said she is the one who would administer them during the day and failed to document when the antibiotics were administered. Complaint #MO00253879