

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265520	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2025
NAME OF PROVIDER OR SUPPLIER Webco Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1687 West Washington Marshfield, MO 65706	
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. (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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide pharmaceutical services to meet the needs of each resident when staff did not ensure physicians' orders and pharmacy dosage directions matched resulting in staff administering incorrect dosages of Paxlovid (oral antiviral medication used to treat coronavirus disease 2019 (COVID-19) disease (an infectious disease caused by the SARS-CoV-2 virus)) to four residents (Resident #1, Resident #2, Resident #3 and Resident #4) out of 9 sampled residents. The facility census was 55. Review of the facility's policy titled Medication Orders, revised 11/2014, showed the following: -The purpose of the procedure was to establish uniform guidelines in the receiving and recording of medication orders; -When recording orders for medication, specify the type, route, dosage, frequency and strength of the medication ordered. A placebo is considered a medication and must also have specific orders. Review of the facility's policy titled Telephone Orders, revised 02/2014, showed the following: -Verbal telephone orders may be accepted from each resident's attending physician; -Verbal telephone orders may only be received by licensed personnel. Orders must be reduced to writing, by the person receiving the order, and recorded in the resident's medical record; -The entry must contain the instructions from the physician, date, time, and the signature and title of the person transcribing the information. Review of the facility's policy titled Verbal Orders, revised 02/2014, showed the following: -Verbal orders will always be based on verbal exchange with the prescribing practitioner or on approved written protocols; -Only authorized, licensed practitioners, or individuals authorized to take verbal orders from practitioners, shall be allowed to write orders in the medical record; -If a treatment, test, or another intervention is included in a written protocol that has been reviewed and approved by the Medical Director, then a verbal order may be written for a situation that is covered by the protocol. Otherwise, a verbal order will not be written that is not based on a conversation with the practitioner. Review of the facility's policy titled Administering Medications, revised 12/2012, showed the following: -Medications shall be administered in a safe and timely manner, and as prescribed; -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; -If a dosage is believed to be inappropriate or excessive for a resident, or a medication has been identified as having potential adverse consequences for the resident or is suspected of being associated with adverse consequences, the person preparing or administering the medication shall contact the resident's attending physician or the facility's medical director to discuss the concerns; -The individual administering the medication must check the label three times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication. Review of the Paxlovid prescribing information, revised 07/2025, showed the following: -Paxlovid is indicated for the treatment of mild-to-moderate coronavirus disease 2019 (COVID-19) in adults who are at high risk for progression to severe COVID-19, including hospitalization or death; -The 5-day treatment course of Paxlovid should be initiated as soon as possible after a diagnosis of COVID-19 has been made, and within 5 days of symptom onset even if baseline COVID-19 symptoms are mild. Should a patient require hospitalization due to severe or critical COVID-19 after starting treatment with Paxlovid, the patient should complete the full 5-day treatment course per the healthcare provider's discretion; -If the patient misses a dose of Paxlovid within 8 hours of the time it is usually taken, the patient should take it as soon as possible and resume the normal dosing schedule. If the patient misses a dose by more than 8 hours, the patient should not take the missed dose and instead take the next dose at the regularly scheduled time. The patient should not double the dose to make up for a missed dose; -The recommended dosage for Paxlovid is 300 milligrams (mg) nirmatrelvir (two 150 mg tablets) with 100 mg ritonavir (one 100 mg tablet) with all 3 tablets taken together orally twice daily in the morning and at bedtime for 5 days. 1. Review of Resident #1's face sheet (a document that gives a patient's information at a quick glance) showed the following: -admission date of 04/26/24; -Diagnoses included COVID-19 and contact with and/or (suspected) exposure to COVID-19. Review of the resident's care plan, revised 08/22/25, showed the following: -He/she remained at risk for COVID-19 and its multiple variances; -He/she tested positive for COVID-19 on 08/13/25; -Administer his/her medications as ordered; -Monitor him/her for side effects. Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated comprehensive assessment instrument completed by facility staff), dated 07/11/25, showed the resident was cognitively intact. Review of the resident's August 2025 Physician's Order Sheet		