STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265523	A. Building B. Wing	11/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkwood Skilled Nursing and Rehabilitation Center	3201 Parkwood Lane 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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on observation, interview and record review, the facility failed to follow acceptable nursing practice when staff left one resident's topical gel and inhaler in the resident's room (Resident #6). The resident had not been assessed as safe to self-administer medications and did not have an order to self-administer medications. The sample was 7. The census was 86. Review of the facility's Self-Administration of Medication policy, dated 6/1/2018, showed:-Policy: in order to maintain the residents' high level of independence, residents who desire to self-administer medications are permitted to do so if the facility's interdisciplinary team has determined that the practice would be safe for the resident and other residents of the facility and there is a prescriber's order to self-administer;- If the resident desires to self-administer medications, an assessment is conducted by the interdisciplinary team of the resident's cognitive (including orientation to time), physical, and visual ability to carry out this responsibility during the care planning process;-For those residents who self-administer, the interdisciplinary team verifies the resident's ability to self-administer medications by means of a skill assessment conducted on a quarterly basis or when there is a significant change in condition;-The resident is instructed in the use of the package, purpose of the medication, reading of the label, and scheduling of medication doses;-The resident is then requested to read the label on each package and indicate at what time the medication should be taken and any other special instructions for use;-The resident is asked to demonstrate the removal of the medication from the package and, in the case of nonsolid dosage forms such as an inhaler, to verbalize the steps involved in administration;-The resident is asked to complete a bedside record indicating the administration of the medication (if bedside storage is to be used);-The results of the interdisciplinary team assessment of resident skills and of the determination regarding bedside storage are recorded in the resident's medical record, on the care plan. For each medication authorized for self-administration, the label contains a notation that it may be self-administered;-If the resident demonstrates the ability to safely self-administer medications, a further assessment of the safety of bedside medication storage is conducted. 1. Review of Resident #6 medical record, showed:-Alert and oriented times four (person, place, time and situation);-Diagnoses included: legally blind, diabetes and end stage renal disease (ESRD, irreversible damage to the kidneys) requiring hemodialysis (treatment to filter wastes and water from the blood);-A care plan in use at the time of survey, did not show the resident could keep medications at bedside and self-administer;-No assessment completed to show the resident was assessed as able to self-administer medications. Review of the resident's physician orders sheet dated 10/1/25 through 11/25/25, showed: -A physician order for: Breztri Aerosphere inhaler (medication used to treat chronic lung disease) 160 microgram (mcg)-9mcg-4.8mcg, two puffs by mouth two times per day. Diagnoses: high blood pressure;-A discontinued order for: Voltaren arthritis pain 1 % topical gel (diclofenac sodium) apply two Grams (gm) topically three times per day. Apply to bilateral (both) knees. Diagnosis: post-traumatic osteoarthritis of right knee (inflammation in a joint that develops after a traumatic injury);-No physician order to keep medications at bedside and self-administer. Observation on 11/25/25, showed at 7:55 A.M., a tube of diclofenac sodium 1% on an over bed table. There was a second over bed table closer to the bed with a Breztri inhaler on it. At 9:41 A.M., the medications remained in the same spot. During an interview on 11/25/25 at 11:45 A.M., the resident said he/she used the inhaler as needed and he/she applied the diclofenac topical gel to his/her knees as needed. During an interview on 11/25/25 at 12:58 P.M., Licensed Practical Nurse (LPN) B said if a resident wanted to keep their medications at bedside and self-administer, they would assess the resident by having the resident do a return demonstration and they would need to obtain a physician order. During an interview on 11/25/25 at 12:19 P.M. and 1:46 P.M. LPN A said if a resident wanted to self-administer their medications, they would need to assess the resident for alertness. To keep medications at bedside and self-administer them required a physician order. Currently there were no residents who had medications at their bedside or who could self-administer their own medications. LPN A went into the resident's room and the medications were in the same place. LPN A said he/she would need to check to see if the resident could have the medications at his/her bedside. During an interview on 11/25/25 at 1:46 P.M., LPN C said the resident did not have an order for self-administration because of his/her vision. LPN C had staff remove the medications from the resident's room. During an interview on 11/25/25 at 2:26 P.M., the Administrator said he would expect medications to be stored on the medication cart and he would expect staff to follow the facility's policies and procedures. 2676769

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on observation, interview and record review, the facility failed to meet professional standards when staff failed to follow physician orders when staff provided wound care for one resident (Resident #5). The sample was 7. The census was 86. Review of the facility's Physician Orders policy, dated revised October 2023, showed when a Physician gives orders on any resident, nursing staff will have the orders written in the Medication Administration Record (MAR) and/or Treatment Administration Record (TAR) of the medical record of the resident. Nursing staff will follow through with any order(s) that were provided by the physician in the time frame given by the physician. 1. Review of Resident #5's medical record, showed:-Diagnoses included: high blood pressure, diabetes and heart failure;-A physician order summary dated 11/15/25 through 11/25/25, showed a physician order to cleanse one time per day, bilateral (both) lower extremities with Vashe (wound cleanser), soak 3-5 minutes; apply silver wound gel (antimicrobial wound gel designed to provide a moist healing environment) to wound bed. Apply mepitel (a soft, flexible silicone dressing) cover with abdominal (ABD, gauze dressing that absorbs fluid from large or heavily draining wound) pad and wrap with kerlix (gauze) and ace wrap daily. Observation and interview on 11/24/25 at 9:55 A.M., showed the resident lay in bed, he/she had gauze dressing on his/her lower legs. The resident said his/her dressings are not changed daily, last week they were changed three-four times. No ace wrap was in place. Observation on 11/24/25 at 10:35 A.M., showed the resident lay in bed. Licensed Practical Nurse (LPN) D put gloves on and removed the dressing from both lower legs. The right lower leg had two small open areas and one closed area. The left lower leg had several small open areas. LPN D changed his/her gloves, cleaned the wounds with Vashe, applied silver 1% sulfadiazine cream (used to prevent and treat wound infections), applied an ABD pad and wrapped both legs with gauze. No soak was done, no silver wound gel or mepitel was applied to the wounds. The ace wraps were not applied. Observation on 11/25/25 at 1:40 P.M., showed the resident lay in bed, he/she had slipper socks on over the dressings. No ace wraps were in place. The resident said he/she only had ace wraps applied once when he/she was in the hospital. During an interview on 11/25/25 at 12:19 A.M. and 1:46 P.M., Licensed Practical Nurse (LPN) A said silver wound gel and sulfadiazine cream are not the same. LPN A checked the treatment cart, and he/she did not see silver wound gel on the cart. During an interview on 11/25/25 at 2:26 P.M., the Administrator said he would expect for staff to follow physician orders and the facility's policies and procedures. 26720742675750