

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER Roaring River Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 812 Old Exeter Road Cassville, MO 65625	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31464</p> <p>Based on record review and interviews, the facility failed to ensure staff provided care per standards of practice when staff failed to follow physician orders regarding elevated blood glucose levels and failed to document insulin administration amounts due to elevated blood glucose levels for one resident (Resident #1) of four residents sampled. The facility census was 61.</p> <p>Review of the facility policy entitled Blood Glucose Monitoring, revised 01/13/23, showed the following:</p> <ul style="list-style-type: none"> -Purpose of the policy was to ensure the effective and accurate monitoring of blood glucose levels for individuals with diabetes or at risk for blood glucose abnormalities; to prevent low or high blood sugar; to guide healthcare professionals, caregivers, and patients in proper blood glucose monitoring practices to ensure safe and effective management of diabetes; -Doctors and nurses are responsible for ordering and interpreting blood glucose tests, providing guidance on target glucose levels, and adjusting medications accordingly; -Caregivers are responsible for regularly checking blood glucose, following prescribed testing schedules, recording results, and seeking medical advice when necessary; -Caregivers are required to document blood glucose readings, especially for those with insulin-dependent diabetes or undergoing intensive management; -Regular review of blood glucose logs should be done by healthcare professionals to ensure that the patient is staying within the target range and making necessary adjustments to their management plan; -A comprehensive blood glucose monitoring policy ensures that patients and healthcare professionals follow standardized, evidence-based practices for managing blood glucose. It aims to reduce complications associated with diabetes, improve patient outcomes, and enhance the overall quality of care. <p>Review of the medical director's hyperglycemic (high blood sugar levels) protocol showed to leave a message on the physician's office line if the resident's blood glucose reading was greater than 500 milligrams/deciliter (mg/dL).</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: 265538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER Roaring River Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 812 Old Exeter Road Cassville, MO 65625	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. Review of Resident #1's face sheet (gives basic profile information) showed the following information:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Diagnoses included type 2 diabetes mellitus with hyperglycemia, long term use of insulin, and thyroid disorder. <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated comprehensive assessment tool completed by facility staff), dated 09/13/24, showed the following:</p> <ul style="list-style-type: none"> -Moderately impaired cognition; -Received insulin on 7 of the last 7 days. <p>Review of the resident's care plan, last updated 09/13/24, showed the following:</p> <ul style="list-style-type: none"> -Resident had a diagnosis of diabetes; -Administer diabetes medication as ordered by doctor; -Monitor/document for side effects and effectiveness diabetes medication; -Monitor/document/report any signs/symptoms of low or high blood sugar; -Perform blood sugar checks as ordered by doctor. <p>Review of the resident's October 2024 Physician Order Sheets (POS) showed the following:</p> <ul style="list-style-type: none"> -An order, dated 08/01/24, for insulin regular human injection solution (used to treat diabetes) 100 units/milligram (u/mg). Staff to inject per sliding scale before meals and at bedtime for diabetes: -If blood glucose reading was 131 mg/dL to 180 mg/dL, administer 4 units of insulin; -If blood glucose reading was 181 mg/dL to 240 mg/dL, administer 8 units of insulin; -If blood glucose reading was 241 mg/dL to 300 mg/dL, administer 10 units of insulin; -If blood glucose reading was 301 mg/dL to 350 mg/dL, administer 12 units of insulin; -If blood glucose reading was 351 mg/dL to 400 mg/dL, administer 16 units of insulin; -If blood glucose reading was 401 mg/dL to 450 mg/dL, administer 25 units of insulin; -If blood glucose reading was 451 mg/dL to 500 mg/dL, administer 30 units of insulin; -Call physician for blood sugar reading over 500 mg/dL; before meals and at bedtime for diabetes. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER Roaring River Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 812 Old Exeter Road Cassville, MO 65625	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's October 2024 Medication Administration Records (MAR) showed on 10/11/24, the resident's blood sugar reading at 7:07 A.M. was 505 mg/dL. Staff documented option 9 - Other/See Nurse Notes.</p> <p>Review of resident's nurse's note, dated 10/11/24, showed staff did not document information pertaining to notification to physician regarding the resident's blood sugar reading greater than 500 mg/dL, any orders/direction received, or amount of insulin administered.</p> <p>Review of the resident's October 2024 MAR showed on 10/15/24, the resident's blood sugar reading at 7:01 A.M. was 501 mg/dL. Staff documented option 9 - Other/See Nurse Notes.</p> <p>Review of the resident's nurse's notes, dated 10/15/24, showed staff did not document information pertaining to notification to physician regarding the resident's blood sugar reading greater than 500 mg/dL, any orders/direction received, or amount of insulin administered.</p> <p>Review of the resident's October 2024 POS showed the order, dated 08/01/24, for insulin regular human injection solution per sliding scale was discontinued on 10/22/24.</p> <p>Review of the resident's October 2024 and November 2024 POS showed the following:</p> <ul style="list-style-type: none"> -An order, dated 10/25/24, for NovoLog FlexPen Injection Solution (rapid acting insulin) 100 u/ml. Inject subcutaneously (below the skin) before meals and at bedtime for diabetes per sliding scale: -If blood glucose reading was 70 mg/dL to 130 mg/dL, administer no insulin; -If blood glucose reading was 131 mg/dL to 180 mg/dL, administer 2 units of insulin; -If blood glucose reading was 181 mg/dL to 240 mg/dL, administer 4 units of insulin; -If blood glucose reading was 241 mg/dL to 300 mg/dL, administer 6 units of insulin; -If blood glucose reading was 301 mg/dL to 350 mg/dL, administer 8 units of insulin; -If blood glucose reading was 351 mg/dL to 400 mg/dL, administer 10 units of insulin; -If blood glucose reading was 401 mg/dL to 450 mg/dL, administer 15 units of insulin; -If blood glucose reading was 451 mg/dL to 500 mg/dL, administer 18 units of insulin; -If blood glucose reading was over 500 mg/dL, call physician. <p>Review of the resident's October 2024 MAR showed on 10/27/24, the resident's blood sugar reading at 7:14 A.M. was 590 mg/dL. Staff documented option 9 - Other/See Nurse Notes.</p> <p>Review of the resident's nurse's note, dated 10/27/24, showed staff did not document information pertaining to notification to physician regarding a blood sugar reading greater than 500 mg/dL, any orders/direction received, or amount of insulin administered.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER Roaring River Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 812 Old Exeter Road Cassville, MO 65625	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's November 2024 MAR showed on 11/15/24, the resident's blood sugar reading at 11:00 A.M. was 517 mg/dL. Staff documented option 5 - Hold/See Nurse Notes.</p> <p>Review of the resident's nurse's note, dated 11/15/24, showed staff did not document information pertaining to notification to physician regarding a blood sugar reading greater than 500 mg/dL, any orders/direction received, or amount of insulin administered.</p> <p>During an interview on 11/21/24, at 2:50 P.M., Registered Nurse (RN) A said if a resident's blood glucose reading was greater than 500 mg/dL, he/she would give the highest level of insulin for the specific sliding scale orders, recheck the blood glucose in an hour, and call the physician if the result was not in acceptable range. The resident's blood sugar test result was often high in the morning because the resident had refused insulin at bedtime the night before. The nurse should document the test result and the amount of insulin given.</p> <p>During an interview on 11/21/24, at 3:00 P.M., Licensed Practical Nurse (LPN) B said if the resident's sliding scale insulin order showed to call physician if the reading was greater than 500 mg/dL, he/she would wait to give insulin until contacting the physician for orders. He/she would document the orders and the amount of insulin given.</p> <p>During an interview on 11/21/24, at 3:05 P.M., RN C said he/she would contact the physician if a resident's blood glucose reading was greater than 500 mg/dL, which is the facility's protocol. They can either call the physician's office or put a message through on the secure electronic system and then they obtain orders regarding the amount of insulin to give. The physician can then re-address any medication changes when they are in the facility, usually weekly.</p> <p>During an interview on 11/21/24, at 3:20 P.M., the Director of Nursing (DON) said the nurses should follow the physician orders for administering insulin. If the order states to contact the physician if a resident's blood glucose reading is greater than 500 mg/dL, the nurse can use the secure electronic communication application to notify the physician. The nurse could give the highest level of insulin listed for the ordered sliding scale, but should go ahead and call/notify the physician. The physicians are good about getting back to them with orders, and there is always a physician on-call. The nurse should document the blood glucose reading, any physician orders, the amount of insulin given, and any re-check results. The DON reviewed the resident's nurses' notes and the electronic communications from the facility to the physician for 10/11/24, 10/15/24, 10/27/24, and 11/15/24. The DON was unable to locate documentation or evidence pertaining to physician notification of blood sugar readings above 500 mg/dL, subsequent physician orders, or amount of insulin given.</p> <p>During an interview on 11/21/24, at 5:02 P.M., the Administrator said he/she would expect staff to follow physician orders regarding blood sugar checks, contacting the physician if the test result was above a specified range, and insulin administration. The nurse should document all information, including the physician notification, orders, and amount of insulin given.</p> <p>MO00243846</p>		