

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265552	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/10/2025
NAME OF PROVIDER OR SUPPLIER Crowley Ridge Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1204 North Outer Road Dexter, MO 63841	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31057</p> <p>Based on interview and record review, the facility failed to prevent the misappropriation of four resident's (Residents #1, #2, #3, and #4) narcotic medication. The facility census was 46.</p> <p>The administrator was notified on 02/03/25 of the Past Non-Compliance which occurred on 01/28/25. On 01/28/25, facility staff started an investigation, completed disciplinary action and began in-servicing all involved licensed nurses on the narcotic count and documentation policies and procedures. Facility staff also notified Department of Health and Senior Services on 01/28/25 and local law enforcement on 01/28/25. The noncompliance was corrected 01/31/25.</p> <p>Review of the facility's Medication Administration Guidelines, undated, showed:</p> <ul style="list-style-type: none"> - Residents receive their medications on a timely basis and in accordance with established policies; - Drug administration shall be defined as an act in which an authorized person, in accordance with all laws and regulations governing such acts, gives a single dose of a prescribed drug or biological to a resident; - The complete act of administration entails removing an individual dose from a previously dispensed properly labeled container, verifying with the physicians orders, giving the individual dose to the proper resident and promptly recording the information. <p>Review of the facility Abuse and Neglect Reporting manual dated 11/28/2016, showed:</p> <ul style="list-style-type: none"> - Misappropriation of resident property as defined the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a residents belongings or money without the residents' consent; - The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation; - The facility must take the following actions in response to an alleged violation of abuse, neglect, exploitation, or mistreatment. Thoroughly investigate the alleged violation, prevent further abuse, neglect, exploitation, and mistreatment from occurring while the investigation is in progress and take appropriate corrective actions as a results of the investigation finding. <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
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<p>F 0602</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 medical record showed:</p> <ul style="list-style-type: none"> - Admission to the facility on [DATE] with diagnoses of dementia (general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), pain of left ankle and left joints of left foot, pain in joints of right hand, long term use of opiate analgesics (pain medication); - Cognition severely impaired. <p>Review of the Physician's Order Sheet (POS), dated January 2025, showed an order dated 10/12/2023, for hydrocodone-acetaminophen (APAP) (an opioid used to treat pain) 5- 325 milligrams (mg) every six hours as needed (prn) for pain.</p> <p>Review of the Medication Administration Record (MAR) dated January 2025, showed on 01/28/2025 there was no record of the opioid medication being administered by Certified Medication Technician (CMT) A.</p> <p>Review of Resident #1's Controlled Drug Receipt/Record/Disposition form (the form the facility uses to log the receipt and administration of controlled drugs), showed a quantity of 30 Hydrocodone/APAP 5/325 mg tablets were received on 01/16/25, with the most recent being administered on the morning of 01/28/2025 by CMT A, leaving 11 tablets remaining.</p> <p>2. Review of Resident #2's medical record showed:</p> <ul style="list-style-type: none"> - Admission to the facility on [DATE] with diagnoses of dementia, low back pain, pain in right knee, pain in right shoulder and other chronic pain; - Cognition severely impaired. <p>Review of the POS, dated January 2025, showed an order dated 02/03/25, for hydrocodone/APAP 5/325 mg every six hours prn for pain.</p> <p>Review of the MAR dated January 2025 showed on 01/28/25 no record of the hydrocodone/APAP 5/325 mg being administered by CMT A.</p> <p>Review of Resident #2's Controlled Drug Receipt/Record/Disposition form, showed a quantity of 30 Hydrocodone/APAP 5/325 mg tablets were received on 01/20/25, with the most recent being administered on the morning of 01/28/25 by CMT A, leaving 20 tablets remaining.</p> <p>3. Review of Resident #3's medical record showed:</p> <ul style="list-style-type: none"> - Admission to the facility on [DATE] with diagnoses of dementia, chronic pain, low back pain, pain right shoulder and knee; - Cognition severely impaired. <p>Review of the POS dated January 2025 showed:</p> <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- An order dated 10/27/2023 admit to Hospice care;</p> <p>- An order dated 03/26/24 for oxycodone (an opioid used to treat pain) 5 mg every six hours prn for pain.</p> <p>Review of the MAR dated, January 2025, showed on 01/28/25 no record of oxycodone medication being administered by CMT A.</p> <p>Review of Resident #3's Controlled Drug Receipt/Record/Disposition form, showed a quantity of 30 oxycodone 5 mg tablets were received on 01/21/25, with the most recent being administered on the morning of 01/28/25 by CMT A, leaving 23 tablets remaining.</p> <p>4. Review of Resident #4's medical record showed:</p> <p>- Admission to the facility on [DATE] with diagnoses of dementia and pain to the left shoulder;</p> <p>- Cognition impaired;</p> <p>Review of the POS dated January 2025 showed an order dated 10/12/23, for hydrocodone-APAP 10- 325 mg one tablet three times a day prn for pain.</p> <p>Review of the MAR dated January 2025 showed on 01/28/25 no record of the medication being administered by CMT A.</p> <p>Review of Resident #4's Controlled Drug Receipt/Record/Disposition form, showed a quantity of 30 hydrocodone-APAP 10-325 mg tablets were received on 01/21/25, with the most recent being administered on the morning of 01/28/25 by CMT A, leaving 22 tablets remaining.</p> <p>5. Review of the facility's investigation, dated 01/28/25, showed CMT B reported to the Director of Nursing (DON) concerns regarding CMT A's narcotic record keeping and destruction of narcotics. On 01/28/25 at approximately 10:30 A.M., the DON and the Assistant Director of Nursing (ADON) conducted an audit of the medication cart CMT A had been assigned. During the audit of the narcotic box it was identified that four residents, Residents #1, #2, #3, and #4 were all missing one tablet of narcotic medications. The DON and ADON gathered the following information:</p> <p>- Resident #1's Controlled Drug Receipt/Record/Disposition form for Hydrocodone/APAP showed 11 tablets available, the card of Hydrocodone/APAP contained 10 tablets, one tablet could not be accounted for;</p> <p>- Resident #2's Controlled Drug Receipt/Record/Disposition form for Hydrocodone/APAP showed 20 tablets available, the card of Hydrocodone/APAP contained 19 tablets, one tablet could not be accounted for;</p> <p>- Resident #3's Controlled Drug Receipt/Record/Disposition form for Oxycodone showed 23 tablets available, the card of Oxycodone contained 22 tablet, one tablet could not be accounted for;</p> <p>(continued on next page)</p>		

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