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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265578 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/11/2024 |
| NAME OF PROVIDER OR SUPPLIER Normandy Nursing Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 7301 St Charles Rock Rd Saint Louis, MO 63133 | |

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) |
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| <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>30687</p> <p>Based on interview and record review, the facility failed to follow a physician's order to administer an antipsychotic medication prescribed for behaviors for one resident by the psychiatric Nurse Practitioner (NP) (Resident #1). The sample was three. The census was 100.</p> <p>Review of the facility Physician's Order Policy, dated 9/28/22, showed the following:</p> <ul style="list-style-type: none"> -Policy: To provide guidance and ensure Physician Orders are transcribed and implemented in accordance with Professional Standards, State & Federal Guidelines; -Responsibility: Licensed Nurses, Nursing Administration, & Director of Nursing; -Procedure: <ul style="list-style-type: none"> -Physician Orders shall be provided by Licensed Practitioners (Physicians, Nurse Practitioners, & Physician's Assistants) authorized to prescribe orders; -Orders must be recorded in the medical record by the Licensed Nurse authorized to transcribe such orders; -Physician Orders must be documented clearly in the medical record. The required components of a complete order: <ul style="list-style-type: none"> -Date and Time of Order; -Name of Practitioner Providing Order; -Name and Strength of Medication/Treatment; -Quantity/Duration; -Dosage/Frequency; -Route of Administration; -Indication/Diagnosis; <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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>-Stop Date, if Indicated;</p> <p>-Physician orders that are missing required components, are illegible or unclear must be clarified prior to implementation;</p> <p>-Physician Order Sheet (POS) will be maintained with current physician orders as new orders are received. Discontinued orders will be marked as discontinued with the date, and all new orders will be written in the appropriate area on the POS with the date the order was received.</p> <p>-Physician orders will be transcribed to the appropriate administration record;</p> <p>-Medications will be ordered from the pharmacy to ensure prompt delivery. Medications available from the Emergency Drug Supply (E-Kit) or Automatic Dispensing Unit (ADU) shall be utilized for the first dose until a supply arrives from pharmacy, if available.</p> <p>Review of Resident #1's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 4/7/24, showed the following:</p> <p>-No cognitive impairment;</p> <p>-Delusional behaviors;</p> <p>-Impairment to both sides of lower extremities;</p> <p>-Mobility with a walker and wheelchair;</p> <p>-Substantial assistance with activities of daily living;</p> <p>-Diagnoses of high blood pressure, diabetes and schizophrenia (a chronic, severe mental disorder that affects the way a person thinks, acts, expresses emotions and perceives reality).</p> <p>Review of the resident's care plan, undated, showed the following:</p> <p>-Focus: The resident uses antipsychotic medications due to disease process, paranoid schizophrenia;</p> <p>-Goal: The resident will remain free of antipsychotic drug related complications, including movement disorder, discomfort, hypertension (high blood pressure), gait disturbance, constipation or behavioral impairment through review date;</p> <p>-Intervention: Administer antipsychotic medications as ordered by physician. Monitor for side effects and effectiveness every shift.</p> <p>Review of the resident's Mental Health Exam, dated 5/3/24, showed the following:</p> <p>-Chief Complaint: Assessment and management of psychiatric conditions;</p> <p>(continued on next page)</p> | | |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>-Symptoms: The resident is very delusional and spoke about being a famous song writer. The resident hears voices at times telling him/her that he/she is no good and has paranoid thoughts that someone here is eating people. The resident is very anxious;</p> <p>-Plan of treatment and overview: Add Abilify (an antipsychotic medication) 10 milligrams (mg) daily.</p> <p>Review of the resident's nurse's note, dated 5/6/24 at 11:51 A.M., showed the resident seen by psychiatric NP. A new order was received and noted to start Abilify 10 mg by mouth daily.</p> <p>Review of the resident's medical record, showed no documentation of administration of Abilify.</p> <p>Review of the resident's nurse's notes, dated 5/7/24 at 11:38 P.M., showed staff overheard yelling. When they arrived to area at the nurses station, the resident was observed hitting another resident in back of head with a closed fist. Staff immediately separated the residents. The resident was moved to a different unit at the facility and remains anxious. An as needed injection was administered. When asked why he/she attacked the other resident, resident said he/she did not know. The resident sat in a recliner chair, calm. The resident had no acute distress or discomforts noted. The resident's primary care physician (PCP) was notified. The resident's psychiatric NP was notified and medication review to be made. The resident was placed on one on one monitoring.</p> <p>During an interview on 6/11/24 at 12:46 P.M., the Assistant Director of Nursing (ADON) said he/she took the order and documented it, but did not initiate the order. The ADON said he/she thought he/she initiated the order. He/She did not know what happened.</p> <p>During an interview on 6/11/24 at 1:35 P.M., the NP said when he/she spoke with the resident, he/she was having some delusions and that someone was eating people. The NP said the resident has a history of being noncompliant with his/her medication. The medication order was an antipsychotic medication to go with the resident's Clozapine (antipsychotic used to treat schizophrenia.) to help with the resident's paranoia. The NP said the medication should have been administered as ordered. If the medication would have been administered as ordered, the resident may not have had the behaviors of hitting other residents.</p> <p>During an interview on 6/11/24 at 12:50 P.M., the Director of Nursing (DON) said once the order is received, it should be initiated and followed as ordered. This can be completed by the ADON, Charge Nurse or any nurse taking the order. The Administrator said she agreed with the DON.</p> <p>MO00237130</p> | | |