STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265598	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brunswick Health Care Center	721 West Harrison St Brunswick, MO 65236

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 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 ensure one resident (Resident #34), in a review of 15 sampled residents, received care and services in accordance with professional standards of practice when staff failed to follow the manufacturer's recommendations for the administration of an eye drop and an inhaled medication. The facility census was 29. Review of the facility policy, Administration of Eye Medications, last revised 05/06/24, showed the following:-Administer eye medications as ordered by the physician and in accordance with professional standards of practice to lubricate the eye or treat certain eye conditions;-After instillation of medication, instruct the resident to close eyes slowly to allow for even distribution over the surface of the eye and apply gentle pressure to the tear duct for one minute or by gently closing eye for three minutes. Review of the facility policy, Administration of Dry Inhalant Medications, last revised on 05/14/24, showed the following:-Medications are administered as prescribed in accordance with current nursing principles and practices;-Allow the resident to rinse mouth with warm water when required per manufacturer recommendations and spit out. Review of the facility policy, Medication Administration, last revised on 06/26/24, showed the following:-Medications are administered as ordered by the physician and in accordance with professional standards of practice in a manner to prevent contamination or infection;-General medication administration process included administration of medication as ordered in accordance with manufacturer specifications. Review of the website, rxabbvie.com, manufacturer of cyclosporine ophthalmic emulsion (an eye drop used to treat chronic dry eyes), last updated 2024, showed to instill one drop of cyclosporine ophthalmic emulsion twice daily in each eye, approximately 12 hours apart. Apply firm, downward pressure over the inner corner of the eye to allow for distribution of the medication in the eye. Review of the website, Breztri.com, last updated 10/2025, showed Breztri (an inhaled medication) can cause serious side effects, including fungal infection in the mouth or throat (thrush). Rinse the mouth with water without swallowing after using Breztri to help reduce the chance of getting thrush. Review of the website, Drugs.com, last updated 04/13/26, showed the following:-Cyclosporine ophthalmic emulsion, recommended administration: use nasolacrimal occlusion (apply firm, downward pressure over the inner corner of the eye) and close the eyelids for two minutes after administration; -Breztri aerosphere: after inhalation, rinse mouth with water without swallowing. 1. Review of Resident #34's physician order sheet (POS), dated April 2026, showed the following: -Cyclosporine ophthalmic emulsion 0.05%, instill one drop in both eyes every 12 hours; -Breztri aerosphere inhalation aerosol160-9-4.8 micrograms per actuation (mgc/ACT), two puffs orally, two times, twice daily. Review of the resident's comprehensive Minimum Data Set (MDS), a federally mandated assessment instrument to be completed by facility staff, dated 05/11/26, showed the following:-Cognitively intact; -Diagnosis of chronic obstructive pulmonary disease (COPD, lung disease). Observation on 05/04/26 at 09:45 A.M. showed the following: -Certified Medication Technician (CMT) C entered the resident's room and administered one drop of cyclosporine ophthalmic emulsion 0.05% in the resident's right eye; -CMT C did not apply nasolacrimal occlusion to the resident's right eye and did not have the resident close his/her eyes after he/she administered the cyclosporine ophthalmic emulsion per the manufacturer's recommendations; -CMT C administered one drop of cyclosporin ophthalmic emulsion (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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to practice acceptable infection control measures during medication administration for two residents (Residents #34 and Resident #13), when staff did not perform hand hygiene and touched the residents' medications without wearing gloves prior to administration and failed to wear gloves when administering eye drops and inhaled medications to one resident (Resident #34), in a review of 15 sampled residents. The facility census was 29. Review of the facility policy, Administration of Eye Medications, last revised on 05/06/24 showed the following:-Administer eye medications as ordered by the physician and in accordance with professional standards of practice to lubricate the eye or treat certain eye conditions;-Wash hands or utilize alcohol-based hand rub and apply gloves to administer medication. Review of the facility policy, Administration of Dry Inhalant Medications, last revised on 05/14/24, showed the following:-Medications are administered as prescribed, in accordance with current nursing principles and practices and only by persons legally authorized to do so;-Put on gloves to comply with standard precautions. Review of the facility policy, Medication Administration, last revised on 06/26/24, showed the following:-Medications are administered as ordered by physicians and in accordance with professional standards of practice in a manner to prevent contamination or infection;-General medication administration process included removal of medication from source, taking care not to touch medications with bare hands. 1. Review of Resident #34's Physician Order Sheet (POS), dated April 2026, showed the following: -Fluticasone propionate nasal suspension (a nasal spray used to treat allergy symptoms) 50 micrograms (mcg) per actuation (spray), give two sprays to both nostrils two times daily; -Gabapentin (a medication used to treat seizures and nerve pain) 300 milligrams (mg). Give two capsules by mouth, two times daily; -Ipratropium bromide nasal solution (a nasal spray used to treat allergy symptoms) 0.03%, two sprays in both nostrils twice daily; -Lansoprazole orally dissolving tablet (a medication used to treat gastroesophageal reflux disease) 30 mg by mouth two times twice daily; -Montelukast sodium oral tablet (a medication used to treat bronchospasm and allergies) 10 mg by mouth once daily; -Pred Forte ophthalmic suspension (an eye drop used to treat eye inflammation) 1%, instill one drop in right eye twice daily; -Propranolol oral tablet (a medication used to treat high blood pressure and heart irregularities) 60 mg by mouth twice daily; -Seroquel (an antipsychotic medication) 300 mg by mouth daily in the morning. Observation on 05/04/26 at 09:45 A.M. showed the following: -Certified Medication Technician (CMT) C stood at the medication cart in the hallway and removed the resident's prefilled medication packages from the medication cart; -CMT C did not perform hand hygiene and did not put on gloves; -CMT C pushed two capsules of gabapentin from the prepackaged medication card into his/her bare hand, then placed the tablets into the medication cup with the other medication; -CMT C pushed one lansoprazole tablet from the prepackaged medication card into his/her bare hand, then placed it into the medication cup with the other medications; -CMT C pushed one montelukast sodium tablet from the prepackaged medication card into his/her bare hand, then placed it into the medication cup with the other medications; -CMT C pushed one propranolol tablet from the prepackaged medication card into his/her bare hand, then placed it into the medication cup with the other medications; -CMT C pushed one Seroquel tablet from the prepackaged medication card into his/her bare hand, then placed it into the medication cup with the other medications; -CMT C entered the resident's room and handed the medication cup and a glass of water to the resident; -The resident poured the medications onto his/her upper chest area and took each medication one at a time;-Without performing hand hygiene and without wearing gloves, CMT C held a bottle of fluticasone nasal spray beneath the resident's nose and instilled two sprays of medication into the resident's right nare and then left nare. CMT C touched the resident's nasal bridge with his/her ungloved hands; -Without performing hand hygiene and without wearing gloves, CMT C touched the resident's lower right eyelid and placed one drop of Pred Forte 1% ophthalmic solution (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	into the resident's eye; -Without performing hand hygiene and without wearing gloves, CMT C held a bottle of ipratropium nasal solution beneath the resident's nose and instilled two sprays of medication into the resident's right then left nare. CMT C touched the resident's nasal [NAME] with his/her ungloved hands; -The resident handed his/her water cup to CMT C, and he/she sat it on the bedside table; -CMT C returned to the medication cart and placed the eye drop and nasal medication bottles in a drawer on the cart. 2. Review of Resident #13's Physician Order Sheet, dated April 2026, showed the following: -Cholecalciferol (vitamin D supplement) 50 micrograms (mcg) by mouth in the morning, two times weekly;-Docusate sodium (a medication used to treat constipation) 200 mg by mouth daily in the morning;-Duloxetine hydrochloride (a medication used to treat depression and chronic pain) 30 mg delayed release, one capsule by mouth daily in the morning;-Eliquis (a blood thinning medication) 5 mg oral tablet, one my mouth two times daily. Observation on 05/05/26 at 06:30 A.M. showed the following: -CMT C stood at the medication cart in the hallway and removed the resident's prefilled medication packages from the medication cart; -CMT C did not perform hand hygiene and did not put on gloves; -CMT C pushed one cholecalciferol tablet from the prepackaged medication card into his/her bare hand, then placed it into a medication cup; -CMT C pushed one docusate sodium tablet from the prepackaged medication card into his/her bare hand, then placed it into the medication cup with the other medication; -CMT C pushed one duloxetine hydrochloride tablet from the prepackaged medication card into his/her bare hand, then placed it into the medication cup with the other medications; -CMT C pushed one Eliquis tablet from the prepackaged medication card into his/her bare hand, then placed it into the medication cup with the other medications; -CMT C handed the resident the cup of medications with a glass of water and the resident swallowed the medications. 3. During an interview on 05/06/26 at 11:37 A.M., CMT C said the following: -Staff should wash their hands or use hand sanitizer before and after administering medications to a resident; -Staff should not touch a resident's medication without wearing gloves; -He/She should wear gloves when administering eye drops and nasal inhalers or anytime he/she might touch the resident's skin;-He/She was in a hurry and did not think about what he/she was doing when he/she touched the residents' medications with his/her hands and did not wear gloves for the administration of eye drops and nasal inhalers. During an interview on 05/06/26 at 2:15 P.M., the Director of Nursing (DON) said the following: -Staff should not touch a resident's medication with their hands; -She expected staff to wear gloves when administering eye drops or nasal sprays, and staff should wash their hands or use hand sanitizer before and after contact with a resident;-She expected staff to follow hand hygiene and infection control practices during resident medication administration. During an interview on 05/06/26 at 2:30 P.M., the Administrator said she expected staff to follow hand hygiene and infection control practices when administering medications to residents.