

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265778	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/29/2025
NAME OF PROVIDER OR SUPPLIER Columbia Manor Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2012 Nifong Boulevard Columbia, MO 65201	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility staff failed to maintain professional standards of practice when staff failed to provide access for qualified staff to the facility's emergency medication kit (E-Kit), in order to administer medications to three newly admitted residents (Residents #1, #2, and #3). The facility census was 38.</p> <p>1. Review of the facility's Medication Pass Policy, undated, did not contain information related to administration of medications from the E-Kit.</p> <p>2. Review of Resident #1's admission Minimum Data Set (MDS), a federally mandated assessment tool, dated 4/15/25, showed an admission date of 4/09/25. Review showed staff assessed the resident as cognitively intact, with diagnoses of high cholesterol and depression.</p> <p>Review of the resident's Physician's Order Sheet (POS), dated April 2025, showed the physician orders directed staff to administer Metoprolol Tartrate (a medication used to decrease blood pressure) 50 milligrams (mg) one tablet twice daily, Baclofen (a muscle relaxant) 10 mg one-half (1/2) tablet three times daily, Benzonate (a cough suppressant) 100 mg three times daily, and Clonidine (a medication used to decrease blood pressure) 0.1 mg one tablet three times daily.</p> <p>Review of the resident's Medication Administration Record (MAR), dated April 2025, showed Certified Medication Technician (CMT) A documented he/she did not administer the resident's evening doses of Metoprolol Tartrate, Baclofen, Benzonate, or Clonidine on 4/09/25. Review showed CMT A documented to see progress notes.</p> <p>Review of the resident's progress notes did not contain staff documented the resident's evening or bedtime medications were not administered.</p> <p>3. Review of Resident #2's Quarterly MDS, dated [DATE] showed a re-admission date of 4/07/25. Review showed staff assessed the resident as cognitively intact, with diagnoses of hypertension and depression.</p> <p>Review of the resident's POS, dated April 2025, showed the physician orders directed staff to administer Febuxostat (a medication used to treat gout) 40 mg one tablet at bedtime, Sertraline (an antidepressant) 50 mg one tablet at bedtime, and Simvastatin (a medication used to decrease cholesterol) 40 mg one tablet at bedtime.</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: 265778	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/29/2025
NAME OF PROVIDER OR SUPPLIER Columbia Manor Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2012 Nifong Boulevard Columbia, MO 65201	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's MAR, dated April 2025, showed CMT B documented he/she did not administer the resident's evening dose of Calcium Acetate, or the resident's bedtime doses of Febuxostat, Sertraline, or Simvastatin 4/07/25. Review showed CMT B documented the reason for not administering the resident's medications to see progress.</p> <p>Review of the resident's progress notes did not contain staff documented the resident's evening or bedtime medications were not administered.</p> <p>4. Review of Resident #3's admission MDS, dated [DATE], showed an admission date of 4/10/25. Review showed staff assessed the resident as cognitively impaired, with diagnoses of cerebral vascular accident, and hemiplegia (paralysis of the muscles on one side of the body).</p> <p>Review of the resident's POS, dated April 2025, the physician orders directed staff to administer Atorvastatin Calcium (A medication used to decrease cholesterol) 80 mg one tablet in the evening, Ezetimibe (a medication used to decrease cholesterol) 10 mg one tablet at bedtime, Eliquis (an anticoagulant used to reduce blood clots) 5 mg one tablet twice daily, Hydrochlorothiazide (a medication used to decrease fluid retention) 25 mg one tablet twice daily, Lisinopril (a medication used to decrease blood pressure) 20 mg one tablet twice daily, Baclofen 5 mg one tablet three times daily, and Hydralazine (a medication used to decrease blood pressure) 10 mg one tablet three times daily,</p> <p>Review of the resident's MAR, dated April 2025, showed CMT A documented he/she did not administer the resident's evening doses of Atorvastatin Calcium, Eliquis, Hydrochlorothiazide, Lisinopril, Baclofen, or Hydralazine, or the resident's bedtime dose of Ezetimibe on 4/10/25. Review showed CMT A documented the reason for not administering the resident's medications as see progress notes.</p> <p>Review of the resident's progress notes did not contain staff documented the resident's evening or bedtime medications were not administered.</p> <p>5. During an interview on 4/29/25 at 12:50 P.M., the Director of Nursing (DON) said if a new resident's medications are not available in the facility, staff should administer the medications from the facility's E-Kit. The DON said all residents' routine medications should be available in the E-Kit, unless it is an uncommon medication. The DON said he/she has been the DON at the facility for two days, and he/she did not know who is responsible for setting up access to staff for the facility's E-Kit.</p> <p>During an interview on 4/29/25 at 1:00 P.M., CMT A said he/she did not administer Resident #1's or Resident #2's evening or bedtime medications because corporate staff had not set up his/her access to the facility's E-Kit. CMT A said he/she started working at the facility in mid-February, and staff had not given her access yet. He/She said a staff member's fingerprint and [NAME] are needed to access the facility's E-Kit.</p> <p>During an interview on 4/29/25 at 1:05 P.M., the administrator said he/she did not know some CMT's did not have access to the facility's E-Kit. He/She said only the facility's corporate nurses have authorization to set up access for new nursing staff at this.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265778	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/29/2025
NAME OF PROVIDER OR SUPPLIER Columbia Manor Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2012 Nifong Boulevard Columbia, MO 65201	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/01/25 at 8:12 A.M., the [NAME] President of Clinical Operations said if a resident is admitted to the facility after the last pharmacy delivery of the day, staff are to administer medications from the facility's E-kit. He/She said the pharmacist and DON have the ability to set up access to the E-Kit for new nurses and CMT's. He/She said he/she and the interim DON are responsible for setting up access to the E-Kit at this time. He/She said he/she did not know CMT A did not have access to the E-Kit, and did not know staff did not administer the residents' medications. He/She said he/she expects staff to notify him/her or the charge nurse on duty if a staff member was unable to administer medications.</p> <p>MO00252685</p>		