

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265827	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Bellevue Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1616 Weisenborn Road Saint Joseph, MO 64507	

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>44395</p> <p>Based on observation, interviews and record reviews, the facility failed to assure staff followed acceptable standards of practice for one sampled resident (Residents #4) when staff did not notify the physician the resident was not taking his/her physician prescribed tacrolimus medication (an antirejection medication used after an organ transplant to ensure the body does not reject the donated organ). The facility census was 80.</p> <p>Review of the facility provided policy Medication Administration dated 9/1/22 showed:</p> <ul style="list-style-type: none"> -Administer medication as ordered in accordance with manufacturers guidelines -Report and document any adverse side effects or refusals <p>Review of the facility provided policy Notification of changes dated 9/1/21 showed:</p> <ul style="list-style-type: none"> -The purpose is to ensure the facility promptly consults the resident's physician when there is a change requiring notification -Circumstances requiring notification include: significant change in the resident's physical, mental or psychological condition that may include life threatening conditions or clinical complications. <p>Review of the Federal Drug Administration (FDA) medication insert dated 2/2012 showed:</p> <ul style="list-style-type: none"> -Program (brand name for tacrolimus) is indicated for the prophylaxis (action taken to prevent disease) of organ rejection in patients receiving liver transplants. -The physician responsible for maintenance therapy should have complete information required for the follow-up of the patient -Advise patients to: <ul style="list-style-type: none"> -Take Prograf at the same 12-hour intervals everyday to achieve consistent blood concentrations. -Take Prograf consistently either with or without food <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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #4 Admission Minimum Data Set (MDS: a federally mandated assessment tool completed by facility staff) dated 9/6/24 showed:</p> <ul style="list-style-type: none"> -Brief Interview of Mental Status (BIMS) of 99 indicated significant cognitive loss -Dependent on staff for Activities of Daily Living (ADLs: tasks completed in a day to care for oneself) -He/She lived on the special care unit <p>-Diagnoses of: Dementia (the loss of cognitive functioning: thinking, remembering, and reasoning) - to such an extent that it interferes with a person's daily life and activities, Liver Transplant, Major Depressive Disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), need for assistance with personal care, Alzheimers Disease (A progressive disease that destroys memory and other important mental functions), Type 2 Diabetes(a problem in the way the body regulates and uses sugar as a fuel).</p> <p>Review of the resident's physician order sheets for August 2024 showed:</p> <ul style="list-style-type: none"> -Tacrolimus capsule, 1 milligram (mg) by mouth two times a day for liver transplant ordered 1/26/24. -Obtain a urinalysis with culture if indicated, ordered 8/22/24. <p>Review of the resident's August 2024 Medication Administration Record showed the resident refused his/her Tacrolimus both administration times on 8/24/24 and 8/25/24.</p> <p>Review of the resident's meal intake record showed refused or 0% intake 8/22/24, 8/23/24, and 8/24/24.</p> <p>Review of the resident's progress notes showed:</p> <ul style="list-style-type: none"> -No progress notes for 8/22/24 -On 8/24/24 Resident #4 did not eat or drink all day. Tech stated the resident did not eat or drink for two days. No documentation the physician was notified. -On 8/25/24 Resident #4 refused food, medication and liquids. His/Her eyes were sunken, mouth dry and skin turgor (the skin's elasticity: can indicate illness or dehydration) was poor. Nurse Practitioner was called and an order was received to send the resident to the emergency room . No documentation the physician was notified. -On 8/27/24 Urinalysis results were received. <p>During an interview on 9/9/24 at 2:39 P.M. Certified Nurse Aide (CNA) B said:</p> <ul style="list-style-type: none"> -He/She did know Resident #4. <p>(continued on next page)</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-If a resident refused to eat, he/she would offer something else or assist the resident and notify the charge nurse.</p> <p>-Resident #4 had been sick a few days prior to being sent to the hospital.</p> <p>-The nurse is assigned to the special care unit and the 200 hall.</p> <p>During an interview on 9/9/24 at 2:47 P.M. Licensed Practical Nurse (LPN) A said:</p> <p>-The Certified Medication Technician should let the nurse know if the resident is refusing medication.</p> <p>-He/She is unsure if Resident #4 was refusing his/her medication.</p> <p>-The physician or nurse practitioner should be notified if a resident is not eating, drinking, or taking medications.</p> <p>During an interview on 9/9/24 at 3:01 P.M. the Director of Nursing (DON) said:</p> <p>-It was not usual for Resident #4 to refuse meals or medications.</p> <p>-The nurse should have been notified immediately when the resident refused the antirejection medication.</p> <p>-If the resident did not take the antirejection meds it could be detrimental to the resident.</p> <p>-He/She believes the physician was in the facility on 8/22/24 and a urinalysis was ordered.</p> <p>-The physician should be notified if antirejection medication is not taken.</p> <p>During an interview on 9/9/24 at 4:06 P.M the primary care physician said he was not told the resident was not taking his/her antirejection medication, he was notified the resident was not feeling well and he gave orders for a urinalysis. He would have expected to be notified.</p> <p>MO241070</p>		