| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265833 | A. Building<br>B. Wing | 11/26/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Grove at Kirkwood, The | 711 South Kirkwood Road<br>Kirkwood, MO 63122 |

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 0697<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide safe, appropriate pain management for a resident who requires such services.<br><br>(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 0697<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a resident with pain received pain medications as ordered by the physician. This affected one of three sampled residents (Resident #2). The census was 112.Review of the facility's Pain Management policy, dated 7/1/25, showed the following:-Policy: The facility will use a systematic approach to Pain Management; recognition, evaluation, treatment, and monitoring of pain. Individuals experiencing pain may receive pharmacological/non-pharmacological interventions to assist in pain management;-Responsibility: Nursing personnel, nursing administration, and Director of Nursing (DON);-Procedure: -Evaluate/Prevent: --Recognize when the resident is experiencing pain and identify circumstances when pain can be anticipated;--Evaluate resident for pain on admission and routine evaluations;--Manage/prevent pain, consistent with the comprehensive evaluation and plan of care, current professional standards of practice, and resident's goals/preferences;-Observe for nonverbal indicators (included negative vocalization (e.g., groaning, crying, whimpering, screaming));-Verbal descriptors (included stabbing, throbbing, hurting);-Pain Evaluation: --1. Nursing will complete a Pain Evaluation Tool appropriate for the resident's cognitive status to assist with evaluation of a resident's pain;--2. Evaluation of pain by the licensed nurse or medical provider:---History of pain and treatment;---Ask the resident to rate the intensity of pain using a numerical scale, verbal or visual descriptor that is appropriate and preferred by the resident; ---Reviewing the resident's current medical conditions;---Identify key characteristics of pain;---Obtain descriptors of pain;-Pain Management and Treatment;--Pharmacological interventions will follow a systematic approach for selecting medications/doses to manage pain;--General principles for analgesics included:---Evaluate the resident's medical condition, current medication regimen, cause and severity of the pain and course of illness to determine the most appropriate analgesic for pain therapy. Review of Resident #2's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 10/28/25, showed the following:-Diagnoses of fracture, Stage IV (full thickness loss with exposed bone, tendon, muscle, slough (yellowish, soft dead tissue), or eschar (hard, dry dead tissue) may be present on the wound bed) pressure ulcer (Injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure or friction);-Pain: Has frequent, severe pain;-Had recent orthopedic and heel surgery. Review of the resident's progress notes, showed the following:-On 11/14/25 at 2:41 P.M., resident arrived via EMS (Emergency Medical Service). Resident is alert and oriented and able to make needs know. Vital signs and skin assessment completed. Bilateral wounds to lower extremity, skin tear to coccyx (tailbone) noted. Stated pain was at a 10/10 but stated that was baseline for him/her;-No further documentation in the progress notes until 11/15/25 at 10:36 A.M.;-On 11/15/25 at 10:36 A.M., oxycodone (an opioid medication used to treat moderate to severe pain) 10 milligrams (mg) given at 10:15 A.M. Needed to be pulled from the Pyxis (an automated drug dispensing machine). Review of the resident's Pyxis Transaction sheet, dated 11/15/25, showed at 10:33 A.M, oxycodone 10 mg two tablets dispensed. Review of the resident's care plan, dated 11/20/25, showed the following:-Problem: Pain - Chronic pain related to neuropathy (nerve damage), recent surgery to the left heel, bilateral heel pressure ulcers, ulcers to the right ankle and left shin;-Approaches included: Administer medication as ordered. Refer to current electronic medication administration record (eMAR) for further details. Monitor and record effectiveness. Report adverse side effects. Assess effects of pain including but not limited to disturbances in sleep, decreased activities, self-care, decreased appetite etc. Monitor and record any complaints of pain, location, frequency, effect on function, intensity, alleviating factors and aggravating factors. Monitor and record any non-verbal signs of pain (crying, guarding, moaning, restlessness, grimacing, diaphoresis (sweating), and withdrawal. Notify provider of need for medication reviews, increased pain, increased complaints of pain, reports of ineffective pain management. Review of the resident's physician order sheet (POS) and eMAR for November 2025, showed the following:-An order, dated 10/22/25, for acetaminophen 650 mg, give (quantity) tablets as needed (PRN) for pain. No documentation staff administered the medication from 11/14/25 through 11/19/25;-An order, dated 11/14/25, for oxycodone (an opioid medication used to treat moderate to severe pain) 10 mg, one to two tablets every three hours PRN for pain. Staff documented as administered on 11/17/25 at 10:20 A.M. and 2:30 P.M., on 11/18/25 at 5:48 P.M. and 11:59 P.M. and on 11/19/25 at 11:40 A.M. Review of the resident's Individual Patient Narcotic Record for oxycodone, showed staff documented oxycodone as administered on 11/16/25 at 5:00 P.M., on 11/17/25 at |