STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265834	A. Building B. Wing	11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Quarters at Des Peres, The	13230 Manchester Road Des Peres, MO 63131

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0759 Level of Harm - Minimal harm or potential for actual harm 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 medication error rate of less than 5%. Out of 53 opportunities observed, 7 errors occurred resulting in a 13.2% error rate (Residents #21 and #22). The census was 124. Review of the facility's Medication Administration - General Guidelines policy, dated 12/2017, showed: -Policy: Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after they have been properly oriented to the facility's medication distribution system (procurement, storage, handling, and administration). The facility has sufficient staff and a medication distribution system to ensure safe administration of medications without unnecessary interruptions.-Five Rights: Right resident, right drug, right dose, right route, and right time, are applied for each medication being administered. A triple check of these five rights is recommended at three steps in the process of preparation of a medication for administration: (1) when the medication is selected, (2) when the dose is removed from the container, and finally (3) just after the dose is prepared and the medication put away. -Check #1: Select the medication - label, container and contents are checked for integrity and compared against the Medication Administration Record (MAR) by reviewing the five rights. -Check #2: Prepare the dose - the dose is removed from the container and verified against the label and the MAR by reviewing the five Rights. -Check #3: Complete the preparation of the dose and re-verify the label against the MAR by reviewing the five rights. -The MAR is always employed during medication administration. Prior to administration of any medication, the medication and dosage schedule on the resident's MAR are compared with the medication label. If the label and MAR are different and the container has not already been flagged indicating a change in directions, or if there is any other reason to question the dosage or directions, the physician's orders are checked for the correct dosage schedule. When a medication order is changed and the current supply can continue to be used, the container should be flagged right away, and the order change communicated to the provider pharmacy so that the next supply of the medication is labeled with the current directions.-If a medication with a current, active order cannot be in the medication cart/drawer, other areas of the medication cart, medication room, and facility (example: other units) are searched, if possible. If the medication cannot be located after further investigation, the pharmacy is contacted, or medication removed from the night box/emergency kit (e-kit).-Medications are administered in accordance with written orders of the prescriber. -Refusals of Medication; -Medication refusal must be reported to the prescriber based upon facility guidelines. Documentation (including electronic); -The individual who administers the medication dose records the administration on the resident's MAR directly after the medication is given. At the end of each medication pass, the person administering the medications reviews the MAR to ensure necessary doses were administered and documented. In no case should the individual who administered the medications report off-duty without first recording the administration of any medications. -If a dose of regularly scheduled medication is withheld, refused, not available, or given at a time other than the scheduled time (example: the resident is not in the facility at scheduled dose time, or a starter dose of antibiotic is needed), the space provided on the front of the MAR for that dosage administration is (initialed and circled). An explanatory note is entered on the reverse side of the record. If a vital medication is withheld, refused, or not available the physician is notified. Nursing documents the notification and physician response. -If an electronic MAR system is used, specific procedures required for resident identification, identifying medications due at specific times, and documentation of administration, refusal, holding of doses, and dosing parameters such as vital signs and lab values are described in the system's user manual. These procedures should be followed and may differ slightly from the procedures for using paper MAR. Electronic systems also describe procedures for secure access, maintaining privacy of resident information, and for and electronic signatures. Maintenance and support procedures for these systems are described in the system user manuals. Procedures will vary between the various electronic systems available. 1. Review of Resident #21's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 8/28/25, showed:-Cognitively intact;-Diagnoses included high blood pressure, renal insufficiency (kidneys are not functioning appropriately) and generalized muscle weakness. Review of the resident's Physician's Order Sheet (POS), for October 2025, showed the resident's morning medications included:-Artificial tears eye drops, instill one drop to both eyes three times per day (TID) for eye dryness;-Fluticasone Propionate