

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265836	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/12/2024
NAME OF PROVIDER OR SUPPLIER  Nodaway Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 22371 State Highway 46 Maryville, MO 64468	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>47195</p> <p>Based on interview and record review the facility failed to ensure pain management was provided for one resident, (Resident #1) when staff failed to obtain any medications for the resident for the first 48 hrs after admission from an acute hospital stay following a vehicle accident. The facility census was 39.</p> <p>Review of facility policy, protocol for pain management and as needed medication, undated, showed:</p> <ul style="list-style-type: none"> <li>-Pain management must be provided to a resident who requires such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences;</li> <li>-Nurses will complete a pain evaluation on each resident for pain upon admission to the facility every week for four weeks, at the quarterly review, whenever there is a significant change in condition, and when there is onset of new pain or worsening of existing pain.</li> <li>-The nurses will either use the FACES pain rating scale (for non-verbal or cognitively impaired residents or residents that do not speak English) or the 10 point pain intensity scale.</li> <li>-Nursing staff and physician will identify the nature and severity of pain.</li> <li>-The physician will order appropriate non-pharmacologic and medication interventions to address the resident's pain.</li> <li>-With input from the resident or resident representative, the physician and staff will establish goals of pain treatment. The resident's care plan will include the resident's goals, desired outcomes, and preferences.</li> <li>-The nursing staff will monitor for adverse effects of pain medications and report to physician.</li> <li>-PRN (as needed) pain medication may be ordered for occasional or break through pain.</li> <li>-Document PRN pain medication in Medication administration record and narcotic control record if applies.</li> <li>-Document results of the follow up pain assessment.</li> </ul> <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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Nurses will notify the supervisor if the resident refused the medication.</p> <p>1. Review of Resident #1's Admission minimum data set (MDS), a federally mandated assessment tool completed by facility staff, dated 11/1/24, showed:</p> <p>-He/She was cognitively intact;</p> <p>-He/She had clear speech, was able to make self-understood and had clear comprehension of others;</p> <p>-His/Her pain frequency was frequent with a numeric rating of 8 on a one to ten scale;</p> <p>-He/She had recent orthopedic surgery requiring long term care from repair fractures;</p> <p>-He/She was dependent on walker and wheelchair;</p> <p>-He/She required substantial/maximal assistance with all transfers</p> <p>-Diagnoses included displaced fracture of body of left talus (bone in foot that connects the ankle to the leg), fractures and other multiple trauma, fracture of the shaft of the left fibula, ocular laceration and rupture with prolapse or loss of intraocular tissue, laceration without a foreign body of part of the head, laceration without a foreign body unspecified lower leg, chronic obstructive pulmonary disease, I48.20-chronic atrial fibrillation that is unspecified, generalized anxiety disorder.</p> <p>Review of care plan, dated 11/1/24, showed:</p> <p>-Resident had acute and chronic pain due to physical disability, chronic obstructive pulmonary disease (COPD), chronic pain, fracture of left leg, foot and ankle, and medical procedure open reduction and internal fixation (ORIF) (a surgical procedure that treats broken bones or dislocations by realigning the bones and stabilizing them with internal hardware) of left ankle and leg fracture.</p> <p>-Resident's pain is aggravated by movement and letting the leg be dependent;</p> <p>-Resident's pain was alleviated/relieved by specifically oxycodone at current time;</p> <p>-Administer analgesia oxycodone as per orders. Give half hour before treatments or care;</p> <p>-Identify, record, and treat resident's existing condition which may increase pain and/or any discomfort: arthritis, neuropathy, COPD, and limited ability to move due to swelling of ankles.</p> <p>-Monitor, record, report to nurse resident complaints of pain or requests for pain treatment.</p> <p>Review of physician's order recap, dated 10/24/24-11/7/24, showed:</p> <p>-Ordered 10/25/24, pain scale twice daily every day and evening shift for pain assessment pain level 0-10, started 10/28/24;</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Ordered 10/26/24, Acetaminophen oral tablet 500 milligrams (mg), give 2 tablet orally every 8 hours for pain, start date 10/26/24;</p> <p>-Ordered 10/26/24, Alprazolam oral tablet .25 mg, give 1 tablet by mouth every four hours as needed for anxiety, start dated 10/26/24, discontinued 10/27/24;</p> <p>-Ordered 10/26/24, Gabapentin capsule 300 mg, give 1 capsule by mouth three times a day for neuropathy, started 10/26/24;</p> <p>-Ordered 10/26/24, Methocarbamol oral tablet 750 mg, give 1 tablet by mouth four times a day for muscle spasm, started 10/26/24;</p> <p>-Ordered 10/26/24, Oxycodone hcl oral capsule 5 mg, give 1 capsule by mouth every 4 hours as needed for pain, started 10/26/24, discontinued 10/27/24</p> <p>-Ordered 10/27/24, Alpraxolarm oral tablet 25 mg, give 1 tablet by mouth every 8 hours as needed three times a day in the morning, at noon, and bedtime for anxiety;</p> <p>-Ordered 10/27/24, Oxycodone hcl oral tablet 5 mg, Give 1 tablet by mouth ever 4 hours as needed for severe pain (8-10) for up to 3 days until 10/30/24, started 10/27/24; discontinued 10/30/24.</p> <p>-Ordered 11/1/24, Oxycodone hcl oral tablet 5 mg, give 5 mg by mouth every 4 hours as needed for severe pain.</p> <p>During an interview on 11/7/24 at 11:24 A.M., Resident #1 said:</p> <p>-When he/she first admitted to the facility he/she did not have his/her medications at all for two days;</p> <p>-Not having his/her medications made him/her feel terrible as he/she hurt all over;</p> <p>-His/Her pain level increased due to not having his/her medication and he/she felt miserable;</p> <p>-He/She had high anxiety due to not knowing when he/she would receive his/her pain relief;</p> <p>-He/She had a very rough few days upon admission;</p> <p>-He/She wouldn't want anyone to have to go without their medications like he/she did.</p> <p>Review of Medication Administration Record, dated October 2024, showed:</p> <p>-Pain Scale BID, every day and evening shift for pain assessment pain level 0-10, showed:</p> <p>-10/28/24</p> <p>-Evening shift had first entry;-Started 10/26/24, Acetaminophen oral tablet 500 mg, give 2 tablet orally every 8 hours for pain,</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-10/26/24 showed:</p> <p>-12:00 A.M. had an x;</p> <p>-8:00 A.M. had no entry and was blank;</p> <p>-4:00 P.M. had no entry and was blank;</p> <p>-10/27/24 showed:</p> <p>-12:00 A.M. had no entry and was blank;</p> <p>-8:00 A.M. medication was administered;</p> <p>-Started 10/26/24, Gabapentin capsule 300 mg, give 1 capsule by mouth three times a day for neuropathy:</p> <p>-10/27/24 showed:</p> <p>-Morning had no entry and was blank;</p> <p>-Noon had no entry and was blank;</p> <p>-Hour of sleep med had no entry and was blank;</p> <p>-10/28/24 showed:</p> <p>-Morning had entry of 9, medication was unavailable;</p> <p>-Noon showed medication was administered.</p> <p>-Started 10/26/24, Methocarbamol oral tablet 750 mg, give 1 tablet by mouth four times a day for muscle spasm;</p> <p>-10/26/24 showed:</p> <p>-8:00 A.M. had no entry and was blank;</p> <p>-12:00 P.M. had no entry and was blank;</p> <p>-4:00 P.M. had no entry and was blank;</p> <p>-8:00 P.M. had no entry and was blank;</p> <p>-10/27/24 showed:</p> <p>-8:00 A.M. had entry of 9, medication unavailable;</p> <p>(continued on next page)</p>

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-On 10/25/24, resident was admitted to facility census;</p> <p>-On 10/25/24 2:06 P.M., Licensed Practical Nurse (LPN) A wrote resident arrived via emergency medical services stating he/she was in moderate pain with a script for oxycodone.</p> <p>-On 10/26/24 11:10 P.M., LPN B wrote resident vocalized pain as primary issue with pain score of 7 with pain being sharp, aching, and radiating. Pain note showed that resident's pain medication was pending due to needing doctor approval signature.</p> <p>-On 10/27/24 at 12:19 A.M. LPN B wrote resident was having discomfort due to recent vehicular accident;</p> <p>-On 10/27/24 at 10:22 A.M., RN B wrote resident had non verbal sounds, protective body movements, vocal complaints of pain. Pain was located in several areas throughout the body. The first area was frontal area as sharp, aching, non radiating with the frequency being intermittent. A cool compress was applied and distraction techniques were utilized. Residents as needed medication were given. The second pain area was resident's chest with generalized pain score of 8 described with stiffness, worse with movement and frequency being daily. Third location was his/her right knee with a pain score of 8 described as stabbing, aching, burning, sharp, and worse with movement with the frequency being constant. Fourth location was his/her left knee with pain score of 8 which was sharp, aching, stabbing, burning, stiff, and worse with movement and the frequency was constant. The fifth pain location was lower leg with a pain score of 9 that was described as sharp, aching, stabbing, radiating, with frequency of his/her pain being constant. The sixth pain location was right anterior elbow with pain score of 4 that was burning, non radiating, and the frequency was intermittent. Resident had fractured left ankle, laceration to left knee with six sutures in place, scabbed abrasion to right knee, two round areas on right elbow with the first layer of skin missing.</p> <p>-On 10/27/24 at 4:50 P.M. RN B wrote that the primary care provider was notified of situation with resident not having narcotic medications since arrival to facility on Friday 10/25/24. Orders obtained to change Alprazolam .25 mg three times a day as needed, oxycodone 5 mg every 4 hours as needed for severe pain (8-10) for three days.</p> <p>-On 10/27/24 at 5:15 P.M., narcotic pain medication was delivered from pharmacy.</p> <p>During an interview on 11/4/24 at 8:08 A.M., RN B said:</p> <p>-Resident #1 admitted to facility approximately 2:30 P.M. on 10/25/24 from the hospital after having been in a car accident;</p> <p>-Resident #1 had been receiving oxycodone, Xanax, and other medications to manage his/her pain levels;</p> <p>-When he/she arrived for his/her shift on 10/27/24 resident had not received any of his/her pain medications;</p> <p>-Resident #1 was in pain and very anxious;</p> <p>-Resident #1's blood pressure was extremely high due to his/her pain level;</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She contacted the primary care provider who did not know resident had entered facility;</p> <p>-Primary Care Provider was very upset resident had entered facility and had not received his/her pain medication;</p> <p>-Orders were showed as still pending in the electronic medical record system;</p> <p>-Resident #1 had went two days without pain medication;</p> <p>-He/She attempted to contact Director of Nursing;</p> <p>-He/She was the third Registered Nurse who had interacted with resident since resident had entered the facility on 10/25/24.</p> <p>During an interview on 11/7/24 at 10:08 A.M., Registered Nurse A said:</p> <p>-When a resident is a new admit to facility the new orders are put in and ordered within the first hour of arrival;</p> <p>-If an admission arrived late in the evening will not get medication until the middle of the night;</p> <p>-If the medication is showing up in the electronic medical record as pending it meant the medication is on order;</p> <p>-When a medication had not arrived to facility staff can go in and mark in the medication administration record that the med was not given due to not being available;</p> <p>-He/She would not expect a resident to wait two days to receive a narcotic pain medication upon admission and that would not be acceptable;</p> <p>-Facility did have an emergency medication kit available for staff to obtain medication from;</p> <p>-He/She expected that medications would be received from the pharmacy by that evening if a new admission arrived to the facility by 2:00 P.M.;</p> <p>During an interview on 11/7/24 at 10:15 A.M., Certified Nurse Aide (CNA) A said:</p> <p>-He/She was working the second day after Resident #1 admitted to the facility;</p> <p>-Resident #1 verbalized that he/she had chest pain so he/she told the nurse;</p> <p>-The nurse advised he/she didn't have any medications because the medication scripts had not got transferred over in the electronic medical record;</p> <p>-Resident #1 was unable to receive any of his/her medications on his/her second day in the facility as they were not available in the facility</p> <p>During an interview on 11/7/24 at 10:22 A.M., Certified Medication Technician (CMT) A said:</p> <p>(continued on next page)</p>

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The facility nurses were responsible for obtaining resident's medications;</p> <p>-The charge nurse should notify the Director of Nursing or Administrator with issues with medications.</p> <p>During an interview on 11/7/24 at 10:38 A.M., CNA B said:</p> <p>-He/She was working Friday, Saturday, and Sunday when resident #1 first admitted to the facility;</p> <p>-Resident #1 arrived to facility approximately 4:00 P.M. on 10/25/24;</p> <p>-The RN on duty was very upset on Saturday as he/she was trying to figure out what to do regarding resident not having medications;</p> <p>-The RN on duty made several calls to Administrator and Director of Nursing;</p> <p>-The RN on duty called the pharmacy a couple of times;</p> <p>-Resident #1 still had no medications available on Sunday 10/27/24;</p> <p>-Resident #1 went Friday evening, all day Saturday, and Sunday without his/her medications;</p> <p>-Resident #1 had his/her call light on entire day on Saturday and Sunday due to having anxiety of not having his/her pain medication which made his/her pain worse;</p> <p>-Resident #1 had a lot of anxiety of not understanding why his/her pain medication was not delivered;</p> <p>-Resident #1's pain was worse on Saturday because his/her pain medication he/she had received before leaving the hospital had worn off;</p> <p>-There was a lot of frustration with all nursing staff that weekend in regards to resident not having his/her medications.</p> <p>During an interview on 11/12/24 at 12:20 P.M., RN C said:</p> <p>-All medications for Resident #1 were showing in the system as pending;</p> <p>-He/She could not access Resident #1's Medication Administration Record at all;</p> <p>-Resident #1 was very anxious and having discomfort and needed his/her medications;</p> <p>-Resident #1 did not receive any of his/her medications at all during his/her shift;</p> <p>-He/She attempted calling Administrator and Director of Nursing several times;</p> <p>-Many times Administrative staff did not call back when he/she called for support;</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She contacted the pharmacy two to three times but they advised they could not do anything because of the pending status in the electronic medical record.</p> <p>During an interview on 11/12/24 at 12:41 P.M., LPN A said:</p> <p>-When he/she arrived to the facility at 10:00 P.M. on 10/25/24 the admission packet for resident had not been done so he/she worked on packet when he/she arrived;</p> <p>-The hospital did not send a script with him/her for the oxycodone;</p> <p>-He/She did not have any active orders for Resident #1 so he/she gave him/her Tylenol which helped because resident had just come from hospital and still had some pain relief support from pain medication received at the hospital.</p> <p>During an interview on 11/12/24 at 3:55 P.M., Director of Nursing said:</p> <p>-The nurses have a check off list they complete with new admissions which included ordering all medication;</p> <p>-Medication arrivals are dependent on which pharmacy they are using;</p> <p>-The nurse was responsible to order the medication and that is on the admission check list;</p> <p>-He/She would not have expected a resident to go 48 hours without any medications for pain;</p> <p>-Facility had a StatSafe (an electronic emergency /stat-dose cabinet that allows long term care facilities to provide more responsive patient care), but the StatSafe did not have oxycodone in it;</p> <p>-He/She expected that if resident was having pain that the staff follow up on why the pain medication was not in facility and seen if there was any other medication that could have been given for his/her pain;</p> <p>-He/She was not available the weekend Resident #1 admitted ;</p> <p>-He/She did not hear about the pain medication not being available for Resident #1 until 10/29/24</p> <p>During an interview on 11/12/24 at 3:55 P.M., Administrator said:</p> <p>-He/She received a call on 10/26/24 from RN working regarding Resident #1 and they said he/she had spoken to the pharmacy and the medications would be delivered at the first available time between 4:00 P.M. -6:00 P.M.;</p> <p>-He/She did not know resident #1's pain medication did not arrive to facility;</p> <p>-He/She expected staff to obtain medications timely and for residents to have effective pain management.</p> <p>MO244586</p>		