

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265860	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2026
NAME OF PROVIDER OR SUPPLIER Cottages of Lake St Louis		STREET ADDRESS, CITY, STATE, ZIP CODE 2885 Technology Drive Lake Saint Louis, MO 63367	
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, the facility failed to follow professional standards of practice for one resident (Resident #6) in a review of six sampled residents. The facility failed to follow physician orders and administer medications (including medications for heart failure, pain, blood pressure, and to prevent blood clots) as ordered, failed to follow their facility policy for obtaining medications and notification of the physician when medications were not available. The facility census was 56. Review of the undated facility policy, Nursing Practices, showed the following:-If a medication is unavailable, the Stat-Safe (emergency kit of medications) will be checked for medication;-If not in the Stat-Safe, pharmacy will be contacted for immediate delivery;-If a dose of medication is missed, physician will be contacted when the error is discovered for further order;-If physician is unavailable, the Medical Director and the Director of Nursing will be contacted;-Documentation will be entered into electronic health record (point click care/PCC). Upon request, the facility did not provide a policy for Medication Administration, Physician and Family notification or Following Physician Orders. 1. Review of the facility Stat-Safe medication list showed the following medications were available for use if needed:-Metoprolol tartrate (medication to treat high blood pressure) 25 milligram (mg) tablet;-Trazodone (medication to treat insomnia) 50 mg tablet. 2. Review of Resident #6's face sheet showed the following:-He/She was admitted on [DATE];-Diagnoses included chronic diastolic (congestive) heart failure (occurs when the stiffened, thickened left ventricle fails to fill properly, causing blood to back up into the lungs and body; treatment focuses on managing symptoms with diuretics and controlling blood pressure) and atrial fibrillation (rapid, irregular, and chaotic heartbeat; treatment includes medications to control heart rate and rhythm and blood thinners). Review of the resident's hospital discharge orders, dated 01/08/26, showed the following:-Acetaminophen (for pain and fever) 500 mg tablet; take two tablets by mouth three times daily for 10 days; maximum allowable acetaminophen amount = 4 grams (4000 mg) in 24 hours;-Metoprolol tartrate 25 mg tablet; Take 0.5 (one-half) tablet by mouth two times daily;-Aspirin 81 mg (blood thinner) chew tablet; take one tablet my mouth two times daily for 42 days; Take twice daily for blood clot prevention for six weeks then okay to resume home dose daily;-Pregabalin (for chronic pain) 50 mg capsule; take one capsule by mouth twice daily;-Duloxetine (for major depressive disorder, generalized anxiety disorder, fibromyalgia, and chronic neuropathic or musculoskeletal pain) 60 mg capsule; take one capsule by mouth two times daily;-Levothyroxine (to treat underactive thyroid) 88 microgram (mcg) tablet; take one tablet my mouth once daily;-Midodrine 10 mg tablet; take one tablet by mouth three times daily before meals; Reasons: Blood pressure drop upon standing; disorder of low blood pressure;-Potassium chloride (a mineral supplement) extended release (ER) 20 milliequivalents (MEQ) tablet; Take 1/2 (one-half) tablet by mouth twice daily;-Pravastatin (to lower bad cholesterol (LDL) and triglycerides) mg tablet; take one tablet by mouth at bedtime;-Trazodone (to treat insomnia) 100 mg tablet; take one tablet my mouth 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
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