STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265883	A. Building B. Wing	04/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arbor Hills Nursing and Rehabilitation Center	800 Chambers Road Ferguson, MO 63135

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35394 Based on observation, interview, and record review, the facility failed to ensure that services were provided in accordance with the resident's care plan and accepted professional standards of clinical practices. The facility failed to ensure medications including torsemide (treats fluid retention), Amiodarone (heart medication), Lidocaine 4% patch, and Metoprolol (blood pressure medication) were ordered timely and administered for one resident (Resident #29) who had a diagnosis of congestive heart failure. In addition, the facility failed to ensure the resident was assessed for side rails and document a rationale for the use of side rails. The sample was 11. The census was 83. The administrator was notified on 4/28/25, of the past non-compliance. Staff were in-serviced on the side rail assessment policy and medication administration policy. The deficiency was corrected on 3/5/25. Review of the facility's Medication and Treatment Orders policy, revised July 2016, showed: -Drug and biological orders must be recorded on the Physician's Order Sheet in the resident's chart. Such orders are reviewed by the consultant pharmacist on a monthly basis; -All drug and biological orders shall be written, dated, and signed by the person lawfully authorized to give such an order; -Verbal orders must be recorded immediately in the resident's chart by the person receiving the order and must include prescriber's last name, credentials, the date and the time of the order; -Verbal orders must be signed by the prescriber at his or her next visit; -Orders for medications must include: Name and strength of the drug. Number of doses, start and stop date, and/or specific duration of therapy. Dosage and frequency of administration. Route of administration. Clinical condition or symptoms for which the medication is prescribed; and any interim follow-up requirements (pending culture and sensitivity reports, repeat labs, therapeutic medication monitoring, etc.); -Only authorized personnel shall call in orders for prescribed medications to the pharmacy; (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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Drugs and biologicals that are required to be refilled must be reordered from the issuing pharmacy not less than three (3) days prior to the last dosage being administered to ensure that refills are readily available. Review of the facility's Side Rail policy, revised December 2016, showed: -Side rails are only permissible if they are used to treat a resident's medical symptoms or to assist with mobility and transfer of residents; -An assessment will be made to determine the resident's symptoms, risk of entrapment and reason for using side rails. When used for mobility or transfer, an assessment will include a review of the resident's: -Bed mobility; -Ability to change positions, transfer to and from bed or chair, and to stand and toilet; -Risk of entrapment from the use of side rails; -The use of side rails as an assistive device will be addressed in the resident care plan; -Consent for using restrictive devices will be obtained from the resident or legal representative per facility protocol; -Less restrictive interventions that will be incorporated in care planning include: -Providing restorative care to enhance abilities to stand safely and to walk; -Providing a trapeze to increase bed mobility; -Placing the bed lower to the floor and surrounding the bed with a soft mat; -Documentation will indicate if less restrictive approaches are not successful, prior to considering the use of side rails; -The risks and benefits of side rails will be considered for each resident; -Consent for side rail use will be obtained from the resident or legal representative, after presenting potential benefits and risks. Note: Federal regulations do not require written consent for using restraints; -When side rail usage is appropriate, the facility will assess the space between the mattress and side rails to reduce the risk for entrapment; -Facility staff, in conjunction with the Attending Physician, will assess and document the resident's risk for injury due to neurological disorders or other medical conditions. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #29's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 11/14/24, showed: -Diagnoses include anemia (low red blood cells), atrial fibrillation (irregular heart rate), heart failure, high blood pressure, peripheral vascular disease (PVD, circulation disorder), kidney failure, and cataracts; -Cognitively intact; -No behaviors; -No wandering; -Pain frequency: Almost constantly; -Pain interference with day to day activities: Almost constantly; -Pain score 9 out of 10; -Falls since admission: No. Review of the resident's care plan, revised on 11/20/24, showed: -Focus: Resident is at risk for fluid overload and/or dehydration potential fluid deficit related to diuretic use: -Goal: Resident will be free of symptoms of fluid overload and/or dehydration and maintain most mucous membranes, and good skin turgor; -Interventions included: Administer medications as ordered. Monitor/document for side effects and effectiveness. Monitor for fluid overload edema change in level of consciousness, and respiratory distress. Monitor vital signs as ordered/per protocol and record as needed. Notify physician of significant abnormalities; -Focus: Resident is at risk for falls related to history of syncope (fainting) with diagnosis with osteoporosis (thinning of bone density), peripheral artery disease (PAD, narrow or blocked arteries), history of lower extremity edema (swelling), and history of heart attack. On 11/17/24, noted on the floor with abrasion to left eye and skin tear to left eye: -Goal: Resident will not sustain serious injury; -Interventions included: Monitor for change in level of consciousness. Patient evaluate and treat as ordered or as needed. Sent to hospital for evaluation related to fall. Times 1 assist with transfers as needed; -Focus: Resident has history of complaints of acute/chronic pain. History of abdominal pain: (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Goal: Resident will verbalize adequate relief with pain or ability to cope with incompletely relived pain; -Interventions included: Administer analgesia per orders/as needed. Receives lidocaine patch daily as ordered; -No documentation of the use of side rails. Review of the resident's electronic Physician's Orders Sheet (ePOS), dated November 2024, showed: -An order, dated 11/4/24, torsemide oral tablet 20 mg. Give three tablets by mouth two times a day for swelling; -An order, dated 11/4/24, for Amiodarone HCl Oral Tablet 200 mg. Give 1 tablet by mouth one time a day for arrhythmia, showed: -An order, dated 11/4/24, Lidocaine External Patch 4%. Apply to skin topically one time a day for muscle ache; -An order, dated 11/4/24, Hospice, admitting diagnosis congestive heart failure. -An order, dated 11/4/24, Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 100 mg. Give one tablet by mouth one time a day for HTN. Discontinued on 11/11/24; -An order, dated 11/11/24, Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 50 mg. Give one tablet by mouth one time a day for HTN If systolic B/P less than 100 hold medication; -No order for the use of side rails. Review of the resident's medication administration record (MAR), dated November 2024, showed: -An order, dated 11/4/24, torsemide oral tablet 20 mg, give three tablets by mouth two times a day. Scheduled administration times 8:00 A.M. and 5:00 P.M.: -For the 8:00 A.M. scheduled administration: On 11/5 through 11/11 and 11/17/24, staff documented other/hold see notes. On 11/13, 11/15, and 11/16/24, staff documented refused; -For the 5:00 P.M. scheduled administration: On 11/4 through 11/8/24, staff documented hold or other/hold see notes. On 11/13 and 11/15/24 at 5:00 P.M., staff documented refused; -An order, dated 11/4/24, for Amiodarone HCl Oral Tablet 200 mg. Give 1 tablet by mouth one time a day. Scheduled administration time 9:00 A.M.: -On 11/6, 11/7, 11/8 through 11/11, and 11/17/24, staff documented hold or other/see progress notes. On 11/13, 11/15, and 11/16/24, staff documented refused; -A order, dated 11/4/24, for Lidocaine External Patch 4%. Apply to skin topically one time a day. Scheduled administration time 9:00 A.M.: (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-On 11/5 through 11/7, 11/9- 11/12, and 11/17/24, staff documented hold or other/see progress notes. On 11/13 through 11/16/25, staff documented refused; -An order, dated 11/4/24, for Metoprolol Succinate ER oral tablet extended release 100 mg. Give one tablet by mouth one time a day. Scheduled administration time 9:00 A.M.; -On 11/6 through 11/11/24, staff documented hold or other/see progress notes. Discontinued on 11/11/24; -An order dated, 11/11/24, for Metoprolol Succinate ER oral tablet extended release 50 mg. Give one tablet by mouth one time a day. Scheduled administration time 9:00 A.M.: -On 11/13, 11/15, and 11/16/24, staff documented refused. Review of the resident's progress notes, showed: -On 11/4/24 at 7:23 P.M., Torsemide oral tablet 20 mg, waiting on prescription; -On 11/5/24 at 9:54 A.M., staff documented on order on administration note. Medication name was not listed; -On 11/5/24 at 8:00 P.M., Torsemide oral tablet 20 mg, waiting on prescription; -On 11/6/24 at 10:42 A.M., staff documented on order on administration note. Medication name was not listed; -On 11/6/24 at 8:42 P.M., Torsemide oral tablet 20 mg, waiting on prescription; -On 11/7/24 at 11:42 A.M., staff documented on order on administration note. Medication name was not listed; -On 11/7/24 at 9:56 P.M., staff documented on order, waiting on pharmacy on administration note. Medication name was not listed; -On 11/8/24 at 2:45 P.M., staff documented, informed the nurse on administration note. Medication name was not listed; -On 11/8/24 at 5:57 P.M., Torsemide oral tablet 20 mg, medication on order; -On 11/9/24 at 10:18 A.M., staff documented informed the nurse on administration note. Medication name was not listed; -On 11/10/24 at 11:05 A.M., staff documented informed the nurse on administration note. Medication name was not listed; -On 11/11/24 at 10:44 A.M., staff documented, on order on administration note. Medication name was not listed; (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-On 11/11/24 at 6:31 P.M., Torsemide oral tablet 20 mg, not given, waiting on pharmacy. Documentation was crossed out. Strike out reason: Declined order. Strike out date: 11/11/24 at 7:19 P.M.; -On 11/12/24 at 10:09 A.M., Lidocaine external patch 4%. Staff documented on order; -On 11/17/24 at 9:58 A.M., Lidocaine external patch 4%. Staff documented informed the nurse. Review of the medical record, showed no documentation of pharmacy contact, physician contact, or hospice notification regarding medications not delivered, not administered, or refused by the resident. Review of the facility's E-Kit inventory, showed an active inventory for the following medications: -Amiodarone 200 mg; -Metoprolol ER Succ 25 mg; -Metoprolol ER Succ 50 mg; -Torsemide 10 mg; -No medications were pulled from the E-kit between 11/4 through 11/17/24. During an interview on 4/25/25 at 3:00 P.M., Pharmacist A said the resident's Amiodarone was never filled through the facility's pharmacy. Since the resident was hospice, they did not fill prescriptions for that hospice company. Metoprolol and Torsemide was also filled through the hospice company. The Lidocaine patch is a stock medication, so they facility would have it. During observation and interview on 4/25/25 at 3:48 P.M., the Director of Nursing (DON) said they do not have lidocaine patches in stock. They use a cream instead of the patch. At 4:07 P.M., the DON brought in a container of cream called, Triderma pain relief cream. The pharmacy stopped sending the patches at the end of last year. If someone has an order for the lidocaine patch, they would first see if they get the patch, otherwise they will use the pain cream instead. She would expect the order to change to reflect using the cream instead of the patch. During an interview on 4/25/25 at 4:20 P.M., Pharmacist B provided information on the medications ordered and filled by the hospice company. The Amiodarone was filled on 11/11/24 and delivered either the same day or the next day. The resident's Metoprolol 100 mg and 50 mg were filled on 11/11/24. The torsemide was filled on 11/11/24. They did not fill the Lidocaine patch order. Review of the resident's progress notes, dated 11/17/24, showed: (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-At 3:30 A.M., showed this writer was made aware by the Certified Nurse Aide (CNA) caring for the resident that upon rounds he/she found the resident on the floor next to the bedside commode and the bed. Resident was found laying on his/her left side, abrasion noted above the left eye, skin tear noted under the left eye. Staff times 2 assisted the resident back into the bed, bed placed at lowest position, side rails in placed, call light within reach. Resident encouraged to use call light and wait for assistance. Range of motion (ROM) level of consciousness within normal limits. Neurological checks initiated. Physician, DON, Responsible Party (RP) and Hospice made aware; -At 9:53 A.M., while making rounds, resident was found in another resident room. Resident climb over his/her side rails and walked across the hall and laid across that resident bed. Resident was escorted back to his/her room, placed in bed, side rails up and bed lowered. Wound care provided to resident left eye. Resident heart rate fluctuating. Torsemide and metoprolol held due to blood pressure being low. Hospice and physician contacted; -At 1:51 P.M., nursing reported today in the morning that patient had a fall and developed skin tear. No bleeding at this time. Advised nursing for close monitoring of the patient and neurological checks, to report for any changes. Later on, patient's adult child called and reported that patient is bleeding from the skin tear and complaining of severe pain. We decided to send patient to the emergency room for further evaluation; -At 7:39 P.M., hospice here at facility. Hospice nurse informed this writer that resident was admitted for anemia (low red blood cell count) and atrial fibrillation (irregular heart rate). Resident had a blood transfusion. Hospice informed this writer that resident has been discharged from hospice until he/she is discharged from the hospital. During an interview on 4/28/25 at 9:58 A.M., hospice dispatch read off the hospice notes. The initial assessment was completed on 11/4/24. There were 1-2 visits a week. It is a part of their protocol to speak to facility nursing staff. The resident's amiodarone was an ordered medication, as well as Metoprolol, with some parameters to hold it. The amiodarone was ordered to be taken once a day. The torsemide was never ordered by hospice. As long as the resident was able to swallow, they expect the medications to be administered. There was a triage note on 11/7/24, from the DON, who called about medication issues. It did not specifically define that the issues were or what medications. Hospice was notified the resident fell on [DATE]. They called at 5:16 A.M. and said he/she fell while transferring to the commode and had an abrasion to the left eye. There was no documentation of disorientation or being found in another room. They received another call at 12:13 P.M., to notify hospice that the resident was going to the hospital. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/28/25 at 1:20 P.M., the DON said she did not remember the resident. The Assistant Director of Nursing (ADON) said the resident was kind of confused. He/She had dementia. When the resident first arrived, he/she walked around, he/she was curious of things. If they did not have a resident's medication, the DON would be expected to be notified, so she can contact the pharmacy. They would also pull the medication from the E-kit. Not everyone is able to access the E-Kit, only the ADON and one other nurse. They would contact hospice to let the hospice nurse know if medications are not available. The ADON initially said the resident climbed over side rails of the other resident's bed. Then the ADON said it was never reported that the resident climb over the side rails. It was reported that the resident fell , and his/her family was update and asked for the resident to go out. The fall was called into hospice. The DON said she would expect there to be orders for side rails. There should be a side rail assessment. They do the assessment, but if the bed was delivered from hospice, the facility could have missed that assessment. MO00253193