

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  26A378	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/09/2025
NAME OF PROVIDER OR SUPPLIER  Sylvia G Thompson Residence Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  3333 W Tenth Street Sedalia, MO 65301	

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 0761  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.  (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:  26A378	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/09/2025
NAME OF PROVIDER OR SUPPLIER  Sylvia G Thompson Residence Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  3333 W Tenth Street Sedalia, MO 65301	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, facility staff failed to label and store medications in a safe and effective manner in one of two sampled medication storage rooms and one of two sampled medication carts. Staff failed to ensure medications were properly stored during medication administration to residents. The facility census was 112.1. Review of the facility's policy titled, Storage of Medication, revised 11/2020, showed:-The facility stores all drugs and biologicals in a safe, secure, and orderly manner;-Drug containers that have missing, incomplete, or incorrect labels are returned to the pharmacy for proper labeling before storing;-Discontinued, outdated, or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed;-Schedule II-V (two to five) controlled medications are stored in separately locked, permanently affixed compartments.Review of the facility's policy titled, Administering Medications, revised 04/2019, showed when opening a multi-dose container, the date opened is recorded on the container, and insulin pens are clearly labeled with the resident's name or other identifying information. 2. Observation on 09/06/25 at 10:04 A.M., showed nursing station two's medication storage room contained: -One Lantus insulin (medication to lower blood sugar) a multi-dose vial opened and undated; -One Humalog insulin vial opened and undated; -One Admelog insulin vial opened and undated; -One Tresiba insulin pen opened and undated; -One Humalog insulin pen opened and undated;-58 Tramadol (a schedule IV-controlled medication used to treat pain) 50 milligram (mg) tablets on the countertop next to the sink. Observation on 10/06/25 at 10:25 A. M., showed the memory care unit medication cart contained one Novolog insulin pen without a resident's name, opened and undated, and one bottle of Tums Smoothies Extra Strength (ES) 750 mg tablets, opened, unlabeled, with an expiration date of 10/2024.During an interview on 10/06/25 at 10:16 A.M., Certified Medication Technician (CMT) W said controlled medications should be stored behind two locks until they are administered to a resident or destroyed and should not be left on the counter to ensure proper storage and safety. CMT W said only nurses and CMTs have access to the medication storage room and he/she did not know who removed the Tramadol tablets from the medication cart and left them improperly stored on the counter. CMT W said the nurses mainly administer insulin medication to residents, but any CMT or nurse who opens an insulin pen or vial should ensure a resident's name is on the insulin and label the medication with the opened date and expiration date. During an interview on 10/06/25 at 10:32 A.M., CMT X said the CMTs are responsible to check the medication carts for expired medications every couple of weeks and remove expired medications from the medication carts, so he/she was not sure why the expired Tums were still inside the cart. CMT X said insulin pens should be labeled with the resident's name, and either the CMT or nurse who opens the insulin pen should label the pen with the opened date and expiration date before they place the pen inside the medication cart for storage. During an interview on 10/09/25 at 9:05 A.M., Registered Nurse (RN) C said nurses and CMTs should ensure controlled medications are stored behind two locks and not left on the countertop in the medication storage room. RN C said the nurse or CMT who opens the insulin medication should ensure the insulin pen or vial has a resident's name and label the insulin with the opened and expiration date. RN C said prior to each medication administration to a resident, the nurse or CMT should check the medication's expiration date and remove and discard the medication if it is expired. RN C said the CMTs are responsible to routinely check and remove expired medications from the medication carts, so there should not be any expired medications from a year ago inside the cart. RN C said he/she was not sure if anyone double checks expired meds are removed from the medication carts. During an interview on 10/09/25 at 4:05 P.M. the Director of Nursing (DON) said nurses and CMTs should ensure controlled medications are stored behind two locks until administered or discarded and should not be left on the countertop to limit access to the medications. The DON said when a nurse or CMT opens an insulin medication, he/she is expected to ensure the insulin vial or pen has a resident's name and label the medication with the opened and expiration dates. The DON said there should not be any medications in the carts that have expired over a year because the CMTs are expected to remove expired medications from the carts daily, and one of the senior CMTs who works in the office double checks the medication carts and medication storage rooms once per month for expired medications.During an interview on 10/09/25 at 4:10 P. M., the administrator said the nurses and CMTs should ensure controlled medications are stored behind two locks. The administrator said he/she expects staff to ensure insulin pens and vials have a resident's name from the pharmacy, and when the nurse or CMT opens the insulin pen or vial, he/she should label the</p>		