

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26E084	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER Myers Nursing & Convalescent Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2315 Walrond Avenue Kansas City, MO 64127	

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 ensure two sampled residents (Resident #3 and Resident #5) medications were documented as administered as ordered by the physician out of 10 sampled residents. The facility census was 71 residents.</p> <p>Review of the facility's Medication Administration and Monitoring Policy dated 2025 showed:</p> <ul style="list-style-type: none"> -To ensure quality of care delivery by instructing nursing staff to administer medications safely and appropriately. -Responsibility of nursing professional to: <ul style="list-style-type: none"> --Be aware of action, correct dosage and route, frequency and other considerations (pulse, blood pressure, meal) is required for administration of medications. --Notify physicians of any acute change in resident condition or status to obtain an order for holding or administering medication. --Coordinate communication between the pharmacy and the physician. --Report to the Director of Nursing (DON) when the resident refuses the medication on two consecutive occasions. -If the medications are not available from pharmacy and the physician authorizes for immediate implementation, use the Emergency box (E-kit) to obtain the medication to provide it to the residents if needed. -Document properly in the E-kit and in nurse notes and notify the pharmacy for replacement. -Circle initials on the Medication Administration Record (MAR) if medications are not administered as ordered and record reason in the as needed (PRN)/omission medication section of the chart (usually on the back of the MAR). -When auditing (monthly, quarterly and/or PRN) by designated licensed nurse, any omission of medication shall be investigated by the asking nurse/CMT and recount the medication. <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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-If there is an actual medication error rather than documentation error, the physician shall be notified.</p> <p>1. Review of Resident #3's admission Record showed he/she was admitted to the facility on [DATE] with the following diagnosis:</p> <ul style="list-style-type: none"> -High Blood Pressure (HTN). -Type II Diabetes Mellitus (DMII - a long-term condition in which the body has trouble controlling blood sugar and using it for energy). -Hyperlipidemia (HLD - high levels of fat particles in the blood). -Neuropathy (weakness, numbness, and pain from nerve damage, usually in the hands and feet). <p>Review of the resident's Care Plan dated 4/10/25 showed:</p> <ul style="list-style-type: none"> -Give medications as ordered. -Allow the resident to make decisions about treatment regime, to provide sense of control. -Educate resident of the possible outcome(s) of not complying with treatment or care. <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff for care planning) dated 4/25/25 showed the resident was cognitively intact.</p> <p>Review of the resident's Physician's Order (POS) and Medication Administration Record (MAR) dated 4/1/25 through 4/30/25 showed:</p> <ul style="list-style-type: none"> -Blood Pressure, obtain blood pressure once daily for HTN. --Blood pressure was not taken 22 out of 30 opportunities. --Eighteen of the missed blood pressure were left blank, three were the resident refused, and one the resident was out of the facility. -Accuchecks, obtain four times daily with meals and at bedtime for DMII. --Accuchecks were not taken 12 out of 120 opportunities. --Five of the missed checks were left blank, four were refused by the resident, and three of the missed checks the resident was out of the facility. -Amlodipine BES 10 milligrams (mg) Tablet, take one tablet by mouth every day for HTN. --Amlodipine BES 10 mg was not given 13 out of 30 opportunities. <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Monitor/document side effects and effectiveness.</p> <p>Review of the resident's quarterly MDS dated [DATE] showed the resident was cognitively intact.</p> <p>Review of the resident's POS and MAR dated 4/1/25 through 4/30/25 showed:</p> <p>--ANORO ELLIPTA 62.5 - 25 micrograms (mcg), inhale one puff every day for COPD.</p> <p>--ANORO ELLIPTA 62.5 - 25 mcg was not given five out of 30 opportunities.</p> <p>--All five doses were refused by the resident.</p> <p>--Aspirin EC 81 mg Tablet, take one tablet by mouth every day for HLD.</p> <p>--Aspirin EC 81 mg was not given five out of 30 opportunities.</p> <p>--Two doses were left blank and three were refused by the resident.</p> <p>--Atorvastatin 10 mg Tablet, take one tablet by mouth every day for HLD.</p> <p>--Atorvastatin 10 mg was not given five out of 30 opportunities.</p> <p>--Two doses were left blank and three were refused by the resident.</p> <p>--Escitalopram 20 mg Tablet, take one tablet by mouth every day for depression.</p> <p>--Escitalopram 20 mg was not given four out of 30 opportunities.</p> <p>--All four doses were refused by the resident.</p> <p>--Metformin HCL 500 mg Tablet, take one tablet by mouth every day with/after meals for DMII.</p> <p>--Metformin HCL 500 mg was not given four out of 30 opportunities.</p> <p>--All four does were refused by the resident.</p> <p>--Buspirone HCL 5 mg Tablet, take one tablet by mouth two times a day for anxiety.</p> <p>--Buspirone HCL 5 mg was not given 17 out of 60 opportunities. 11 of the missed doses were the 4:00 P.M. dose.</p> <p>--Thirteen doses were left blank, and four doses were refused by the resident.</p> <p>--Fluticasone PROP HFA 220 mcg, inhale one puff into lungs two times a day for COPD.</p> <p>--Fluticasone PROP HFA 220 mcg was not given 23 out of 60 opportunities. 10 of the missed doses were the 4:00 P.M. dose.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Would expect CMTs/nurses to give the residents their medications as ordered by him/her or the physician.</p> <p>-If a resident is refusing medications or out of the facility the missed medications should be documented why the medication was missed on the back of the MAR or resident's medical record.</p> <p>-He/She should be notified if a resident refuses his/her medications daily.</p> <p>-He/She had not been notified of medication refusals.</p> <p>-If a resident is out of the facility at the same time or refuses medications at a same time then he/she needs to find out why and change the time of the medication so the resident will take the medication.</p> <p>-He/She was not notified Resident #3 was gone at the same time each day and not getting his/her medications.</p> <p>During an interview on 6/4/25 at 1:29 P.M. CMT A said:</p> <p>-He/She will re-order medications when the resident has three days left of medication.</p> <p>-If the MAR was not signed then the resident did not get their medications.</p> <p>-He/She notifies the charge nurse if the resident refuses medications or if the resident was out of a medication.</p> <p>-The charge nurse is to notify the physician if the resident misses' medications due to refusal or out of the medication.</p> <p>-If the resident was out of the facility during medication pass, he/she would initial the medication and circle his/her initials that shows the resident did not get that medication.</p> <p>During an interview on 6/4/25 at 2:43 P.M. Licensed Practical Nurse (LPN) A said:</p> <p>-Resident #3 is out of the facility a lot during medication pass and comes back after the hour window.</p> <p>-He/She must call the physician to get an order to give the resident his/her medications when the resident get back to the facility.</p> <p>-He/She tried to give the resident his/her medications first when he/she first gets to work before the resident leaves for the day.</p> <p>-He/She notifies the NP/Physician if a resident refuses medications.</p> <p>-Staff should document physician and NP notification in the resident's nurse's notes.</p> <p>-The refusal should be charted on the back of the MAR because the medication was not given.</p> <p>(continued on next page)</p>		

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