

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 18325D	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/17/2022
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NAME OF PROVIDER OR SUPPLIER BRISTOL MANOR OF SALISBURY	STREET ADDRESS, CITY, STATE, ZIP CODE 102 NORTH WILLIE STREET SALISBURY, MO 65281
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A4327	<p>19 CSR 30-86.042(60)(F) Medications Destroyed Within 30 Days</p> <p>Medications that are not in current use shall be disposed of as follows: (F) All other medications, including all controlled substances and all expired or otherwise unusable medications, shall be destroyed within thirty (30) days as follows: II/III</p> <p>This regulation is not met as evidenced by: Class II*</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications not in current use were disposed of within thirty days. Facility census was 4.</p> <p>Observation and interview of the medication cart on 3/17/22 at 8:00 A.M. showed and the Manager said: -The bottom drawer was full of medications not in use. -He/she said the bottom drawer were medications that needed to be destroyed. -He/she said they destroy medications every three months.</p> <p>Observation and interview of the medication cart on 3/17/22 at 10:00 A.M. showed and the Manager said: -At least ten cards of medications and two rolls of medication that were over thirty days old sitting in the to be destroyed drawer. -He/she said a lot of the medications were a month old or longer. -He/she said none of these medications would have been placed back into current use. -He/she was not aware the medications needed to be destroyed within thirty days. They have</p>	A4327		

Missouri Department of Health and Senior Services LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A4327	Continued From page 1 always destroyed medications at every three month intervals. *Higher classification due to the extent of the violation.	A4327		