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F 679 SS=E	Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1) §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, facility staff failed to provide an ongoing activity program designed to meet the resident's interest, mental, and psychosocial well-being for five dependent residents (Resident #11, #13, #20, #29, and #52) out 24 sampled residents. The facility census was 59. 1. Review of the facility's policy titled "Resident Activities", dated 03/2012, showed staff were directed to: -The Activity Director (AD) plans and organizes a program of approved activities for residents on a group level and for individuals to meet the needs of the residents; -All staff is responsible for assisting residents to activities of their choice; -An activity program is planned for each resident as a part of their total resident care by the AD; -An individualized program will be implemented for residents unable to participate or attend activities; -The AD or designated person will make	F 679		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Christine Jones WHA — TITLE: Administrator — (X6) DATE: 12-26-24

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.

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announcement of all activities;
-The activity staff is responsible for encouraging resident participation.

2. Review of the facility's activity calendar, dated December 2024, showed:

-Sunday, 12/08/24: 9:00 A.M. Watch Church on television (TV), 10:00 Church, 1:00 P.M. Go Outside, 6:00 P.M. Watch a Movie;
-Monday, 12/09/24: 9:30 A.M. Exercise and Games, 10:00 A.M. Cooking Club, 2:30 P.M. Bingo, 4:00 P.M. Mail Pass, 6:00 P.M. Chit Chat;
-Tuesday, 12/10/24: 9:30 A.M. Music, 10:30 A.M. Church, 1:30 P.M. Nails, 4:00 P.M. Mail Pass, 6:00 P.M. Visit A Friend;
-Wednesday, 12/11/24: 9:30 A.M. Exercise and Games, 10:00 A.M. Shopping, 10:00 A.M. One on Ones (1:1's), 1:00 P.M. Church, 2:00 P.M. Bingo, 4:00 P.M. Mail Pass, 6:00 P.M. TV Time.

3. Review of Resident #11's Annual Minimum Data Set (MDS), a federally mandated assessment tool, dated 11/20/24, showed staff assessed the resident as severely cognitively impaired, and unable to be interviewed for activity preferences.

Review of the resident's care plan, dated 11/11/24, showed staff were directed to:

-Inform of what activities are happening and when;
-Provide activities that don't require much decision making;
-Enjoys watching TV, listening to music, visiting with friends and family.

Observation on 12/08/24 at 1:52 P.M., showed

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the resident in bed with eyes closed.

Observation on 12/09/24 at 2:44 P.M., showed the resident sat in the common area with eyes closed and the TV on.

Observation on 12/10/24 at 3:05 P.M., showed the resident in bed with his/her eyes closed.

Observation on 12/11/24 at 9:27 A.M., showed the resident in his/her wheelchair in his/her room with eyes closed.

4. Review of Resident #13's Annual MDS, dated 04/01/24, showed staff assessed the resident as moderately cognitively impaired, and not very important to have books, newspapers, and magazines to read, do favorite activities or go outside.

Review of the resident's care plan, dated 10/13/24, showed staff were directed to:

-Impaired hearing;
-Allow activity options;
-Encourage and invite to become involved in activities;
-Provide verbal reminders of activities;
-Provide 1:1 visits;
-Radio or TV is preferred.

Observation on 12/09/24 at 9:45 A.M., showed the resident in the common area with the TV on and his/her eyes closed.

Observation on 12/10/24 at 8:40 A.M., showed the resident in the common area with the TV on and his/her eyes closed.

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Observation on 12/10/24 at 3:00 P.M., showed the resident in the common area with the TV on and his/her eyes closed.

Observation on 12/11/24 at 9:26 A.M., showed the resident in the common area with the TV on and his/her eyes closed.

5. Review of Resident #20's Significant Change MDS, dated 10/27/24, showed staff assessed the resident as severely impaired cognition and unable to be interviewed for activity preferences.

Review of the resident's care plan, dated 12/05/24, showed staff were directed to:

-Impaired hearing;
-Provide 1:1 visits;
-Clergy visits;
-Encourage participation and allow to decide what activity to attend.

Observation on 12/09/24 at 8:43 A.M., showed the resident in the dining room with his/her eyes closed.

Observation on 12/10/24 at 10:26 A.M., showed the resident in the common area with eyes closed and the TV on, while a church activity took place in another area of the facility.

Observation on 12/11/24 at 9:26 A.M., showed the resident in the common area with his/her eyes closed and the TV on.

6. Review of Resident #29's Significant Change MDS, dated 10/16/24, showed staff assessed the resident as:

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F 679	Continued From page 4 -Severe cognitive impairment; -Very important to participate in religious activities; -Somewhat important to listen to music, do favorite activities; -Not very important to have books, newspapers, and magazines to read. Review of the resident's care plan, dated 11/05/24, showed staff were directed to: -Provide 1:1 visits; -Clergy visits; -Encourage participation and allow to decide what activity to attend. Observation on 12/08/24 at 1:23 P.M., showed the resident in the common area with eyes closed and the TV on. Observation on 12/09/24 at 2:47 P.M., showed the resident in bed with eyes closed. Observation on 12/10/24 at 10:00 A.M., showed the resident in the common area asleep where a church activity started. Observation showed staff did not attempt to wake or engage him/her. Observation on 12/11/24 at 9:26 A.M., showed the resident in the common area with his/her eyes closed and the TV on. 7. Review of Resident #52's Quarterly MDS, dated 08/30/24, showed staff assessed the resident as moderately cognitively impaired. Review of the resident's care plan, revised 11/19/24, showed staff are instructed to:	F 679		

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F 679	Continued From page 5 -Encourage to become involved with activities he/she may have an interest in; -Involve with those who have shared interests; -Provide verbal reminders and written calendar of upcoming activities; -Encourage the resident to participate in small group activities. Observation on 12/10/24 11:14 A.M., showed the resident in the front living area. Observation on 12/11/24 at 1:09 P.M., showed the resident in the front living area. 8. During an interview on 12/11/24 at 11:30 A.M., Licensed Practical Nurse (LPN) A said staff used to provide more activities for the cognitively impaired residents. LPN A said the nursing staff are responsible to remind and assist residents to activities if one is scheduled. LPN A said the facility has books and games available but he/she does not see them used. LPN A said staff should make sure the resident is awake and encourage them to engage in participation of activities. During an interview on 12/11/24 at 1:10 P.M., the AD said when it is time for an activity, he/she will make an announcement over the facility's intercom system. The AD said he/she tries to go to the rooms and invite the residents but he/she is not able to go to all the rooms himself/herself usually. The AD said it is his/her responsibility to ensure all residents receive activities appropriate for each individual, and social interaction. The AD said other staff are responsible to assist residents to and from activities and should ensure the resident is awake to be engaged in the activity and not asleep in their chair. The AD said if residents fall asleep staff should encourage them	F 679		

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to wake up and engage. The AD said the residents should not be left sitting in a common area asleep in front of the TV for long periods of time, he/she said this is not an activity. The AD said he/she tries to do 1:1's with the residents who are unable to participate in most activities, but he/she said there are too many residents for him/her to do them often enough. The AD said each day every resident in the facility should have an activity to participate and engage in, including those who are cognitively or physically not able to participate in most activities.

During an interview on 12/11/24 at 2:05 P.M., the Director of Nursing (DON) said he/she expects all staff to assist in taking residents to and from activities. The DON said residents should not be left in a common room asleep with the TV on for long periods of time and this is not considered an activity. The DON said all staff should ensure and encourage residents to be awake and engage in activities.

During an interview on 12/11/24 at 2:05 P.M., the administrator said the AD is responsible to plan activities and adjust activities as needed. The administrator said he/she is responsible to oversee the activities department and ensure activities are being completed. The administrator said he/she expects staff to go room to room and invite each resident to the activities, he/she said all staff should help do this. The administrator said all staff should ensure and encourage residents to be awake and engage in activities and not bring them asleep in their chairs from one room to another. The administrator said residents should not be left in a common room asleep with the TV on for long periods of time, and this should not be considered an activity. The Administrator

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F 679	Continued From page 7 said residents who are cognitively impaired or physically not able to do certain activities should be asked if they want to attend activities.	F 679		
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and	F 758		

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F 758	Continued From page 8 §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on interview and record review, facility staff failed to ensure as needed psychotropic medication (a drug that affects behavior, mood, thoughts, or perception) orders were limited to 14 days unless specific duration and clinical rationale were provided for two of five sampled residents (Resident #14 and #45). The facility census was 59. 1. Review of the policies provided by the facility showed they did not contain a psychotropic medication policy. 2. Review of Resident #14's Significant Change MDS, dated 10/20/24, showed staff assessed the resident as: -Cognitively intact; -Had inattention and disorganized thinking, but no altered level of consciousness, delusions or behavioral symptoms; -Used antianxiety mediations; -Diagnosis of aphasia (the loss of ability to	F 758		

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understand or express speech), Parkinson's Disease, anxiety, depression, bipolar disease, and schizophrenia;
-Received hospice care.

Review of the resident's POS, dated 12/2024, showed an order for Lorazepam (medication used to decrease anxiety), 0.5 milligrams (mg), one tablet every six hours as needed for anxiety disorder. The order had a start date of 08/27/24 and a stop date of 02/05/25. The order did not contain a 14 day stop date or a clinical rationale for the specified time frame.

Review of the medical record showed it did not contain a clinical rationale for the specified time frame.

Review of the resident's Medication Administration Record (MAR), dated 11/01/24 to 12/11/24, showed staff did not document the resident received the as needed Lorazepam.

3. Review of Resident #45's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 11/25/24, showed staff assessed the resident as:

-Severely cognitively impaired;
-Demonstrated inattention, disorganized thinking, delusions, physical and verbal behavioral symptoms, and rejection of care;
-Used antianxiety medications;
-Diagnoses of Alzheimer's disease, dementia, anxiety, depression, a psychotic disorder other than schizophrenia, and post-traumatic stress disorder (PTSD).

Review of the resident's Physician Order Sheet

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(POS), dated 12/2024, showed and order for Xanax (medication used to decrease anxiety) 0.25 mg every eight hours as needed for anxiety disorder. The order had a start date of 08/01/24 and a stop date of 01/16/24. The order did not contain a 14 day stop date or a clinical rationale for the specified time frame.

Review of the medical record showed it did not contain a clinical rationale for the specified time frame.

Review of the resident's MAR, dated 11/01/24 to 12/11/24, showed staff documented the resident received Xanax on 11/12/24.

During an interview on 12/11/24 at 1:11 P.M., Licensed Practical Nurse (LPN) A said when an order is received, the charge nurse is responsible to ensure as needed psychotropic medications are limited to 14 days and let the doctor know if it is not. LPN A said any PRN psychotropic medications must be limited to 14 days. If it is not used in 14 days, the order should be discontinued; if it is used regularly, it should be added as a scheduled medication; if it is used off and on, it would have to be stopped and reactivated after 14 days. LPN A said he/she did not know why psychotropic medication orders would be allowed for more than 14 days. LPN A said when the resident was admitted and the nurse was entering the orders into the facility's electronic orders, the PRN order greater than 14 days must have been overlooked.

During an interview on 12/11/24 at 2:06 P.M., the Director of Nursing (DON) said the charge nurse who enters the orders is responsible to review for any questions or changes needed and verify with

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F 758	Continued From page 11 the physician. The DON said psychotropic drugs should not ordered as PRN for great than 14 days, unless the resident receives hospice services, then the medications can be ordered for 30 days.	F 758		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, facility staff failed to store and label creams and ointments in a safe and effective	F 761		

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manner when staff did not document the open date on the creams and ointments in the treatment carts and failed to discard the expired creams and ointments. The facility census was 59.

1. Review of the facility's Medication Storage policy, undated, showed no discontinued, outdated, or deteriorated drugs or biologicals may be retained for use. All such drugs must be returned to the issuing pharmacy or destroyed in accordance with established guidelines. Each resident must have a space assigned to them that prevents the possibility of a drug for one resident being administered to another.

Review of the facility's Medication Destruction policy, undated, showed all medications not returned to the issuing pharmacy will be destroyed. Medications to be destroyed including pills, capsules, liquids, creams, etc., will be placed in a sealable container such as a plastic bag. The plastic bag will them be sealed and placed in the trash.

2. Observation on 12/09/24 at 10;29 A.M., of the East hall treatment cart showed:

-One bottle of Nyamyc Nystatin powder (used to treat fungal or yeast infections) opened and undated, with an expiration date of 12/19/23;
-One tube of Lidocaine 4% topical cream (used for pain relief), opened and undated;
-One tube of Nystatin cream, opened and undated;
-One tube of Clotrimazole and Betamethasone cream (used to treat fungal infections), opened and undated;
-One tube of Collagenase Santyl ointment, (used

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F 761	Continued From page 13	F 761		

to remove damaged tissue from chronic skin ulcers), opened and undated;
-One tube of Clobetasol Propironate topical solution (used to treat eczema and psoriasis, with no resident label. Resident could not be identified.

3. Observation on 12/10/24 at 12:46 A.M., of the West hall treatment cart showed:

-One tube of Hydrogel (used to heal wounds), opened and undated, with an expiration date of 11/22;
-One tube of Hydrogel, opened and undated with an expiration date of 7/23;
-One box of chlorhexidine gluconate cloths (used to reduce bacteria on skin), unopened with an expiration date of 7/10/22.

4. During an interview on 12/10/24 at 12:50 P.M., Licensed Practical Nurse (LPN) D said he/she is responsible for overseeing the treatment carts. The LPN said the facility does not have a process for checking the treatment carts for outdated ointments or creams. The LPN said he/she will sometimes go through the carts when a resident is discharged. The LPN said if an item is expired he/she would ask the Director of Nursing (DON) how to dispose of it. The LPN said he/she did know there were expired items in the carts.

During an interview on 12/10/24 at 12:56 P.M., the DON said all the nurses are responsible for periodically checking the treatment carts for outdated or unlabeled ointments, and creams. The DON said he/she expects the nursing staff to remove outdated products and dispose of the products per the destruction policy. The DON said he/she did not know why there were expired unlabeled creams in the cart.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265652	A. BUILDING _____ B. WING _____	12/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUBA MANOR INC	210 ELDON DRIVE CUBA, MO 65453

(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) COMPLETION DATE
F 761	Continued From page 14 During an interview on 12/10/24 at 1:10 P.M., the Administrator he/she and the DON are responsible for ensuring the treatment carts are checked for outdated or unlabelled products. The Administrator said he/she relies on the nurses and Certified Medication Technicians (CMT) to check dates and discard outdated products according to the medication destruction policy.	F 761		

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21149	A. BUILDING: 01 B. WING _____	12/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUBA MANOR INC	210 ELDON DRIVE CUBA, MO 65453

(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
A2010	19 CSR 30-85.022(6) Oxygen Storage Oxygen storage shall be in accordance with NFPA 99, 1999 edition. Facilities shall use permanent racks or fasteners to prevent accidental damage or dislocation of oxygen cylinders. Safety caps shall remain intact except where a cylinder is in actual use or where the regulator has been attached and the cylinder is ready for use. Individual oxygen cylinders in use or with an attached regulator shall be supported by cylinder collars or by stable cylinder carts. II/III This regulation is not met as evidenced by: Class III Please refer to K923	A2010		
A2020	19 CSR 30-85.022(10)(C) Fire Alarm System-Inspections/Certifications Complete Fire Alarm Systems. (C) All facilities shall have inspections and written certifications of the complete fire alarm system completed by an approved qualified service representative in accordance with NFPA 72, 1999 edition, at least annually. I/II This regulation is not met as evidenced by: Class II Please refer to K345	A2020		
A2034	19 CSR 30-85.022(11)(C) Sprinkler System-Test/Maintain Sprinkler System. (C) Facilities that have a sprinkler system installed prior to August 28, 2007, shall inspect, maintain, and test these systems in accordance	A2034		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21149	A. BUILDING: **01** B. WING _____	**12/11/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUBA MANOR INC	**210 ELDON DRIVE** **CUBA, MO 65453**

(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
A2034	Continued From page 1 with the requirements in effect for such facilities on August 27, 2007. I/II This regulation is not met as evidenced by: Class II Please refer to K353	A2034		

PLAN OF CORRECTION

Provider/Supplier Name:	Cuba Manor, INC
Street Address, City, Zip:	210 Eldon Drive Cuba, Mo 65453
Date of Survey:	12/11/2024

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	265652

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
F679 A4101	The facility will ensure that all residents, including residents #11, 13, 20, 29 & 52 will be provided an ongoing activity program designed to meet the resident's interest, metal and psychosocial well-being.	01/20/2025
	All residents are considered at risk for this alleged deficiency.	
	Administrator/ Designee will educate AD on ongoing activity designed to meet the resident's interest, mental and psychosocial well-being.	
	Administrator will do surveillance audits weekly x4 weeks x 1 month, bi-weekly x 1 month, monthly for 3 months and quarterly for monitoring and documenting specific activity of resident interest, mental and psychosocial needs.	
	Director of Nursing/Administrator will in-service 12/23/2024 to all staff on proper needs and implementation of activities designed to fit residents needs and interest and documentation of activities.	
	Activity Director/Designee has implemented sensory activities to monthly calendar to ensure psychosocial needs are met. Example: Music and Memory, Pet Therapy, Kids Corner and Band Practice.	
	Activity Director/Designee will interview families upon admission of dependent resident for any interest they may have to better individualize activity plan.	
	All concerns identified will be corrected immediately and reviewed at the quarterly QA meeting x 3 months.	

The Administrator signing and dating the first page of the CMS-2567/State Form is indicating their approval of the plan of correction being submitted on this form.

PLAN OF CORRECTION

Provider/Supplier Name:	Cuba Manor
Street Address, City, Zip:	210 Eldon Dr. Cuba, MO 65453
Date of Survey:	12/11/2024

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		
ID PREFIX TAG	**PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)**	**COMPLETION DATE**
A4101	Refer to POC for F679	01/20/2025

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PLAN OF CORRECTION

Provider/Supplier Name:	Cuba Manor
Street Address, City, Zip:	210 Eldon Dr. Cuba, MO 65453
Date of Survey:	12/11/2024

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	265652

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
F758 A4055	The facility will ensure that residents, including residents #14, & #45 will have all meds reviewed, discontinued and destroyed in a timely manner.	01/20/2025
	All residents are considered at risk for this alleged deficient practice.	
	DON/Designee will review PRN antipsychotic drug orders are limited to 14 days unless indicated by physician's documentation ever 24-72 hour after new orders written.	
	DON/Designee to in-service 01/06/2025 nurses on PRN psychotropic medication regimen to follow state and federal guidelines.	
	DON/Designee have reviewed and verified orders for residents #14 & #45. All others will be reviewed and verified by 01/23/2025	
	DON/Designee will do surveillance audits weekly x 4 x 1 month, bi-weekly x 1 month, then monthly x 3 months for monitoring new orders from physicians and D/C dates as indicated.	
	All concerns identified will be corrected immediately and reviewed at the quarterly QA meeting x 3 months.	

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PLAN OF CORRECTION

Provider/Supplier Name:	Cuba Manor
Street Address, City, Zip:	210 Eldon Dr. Cuba, MO 65453
Date of Survey:	12/11/2024

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	265652

ID PREFIX TAG	**PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)**	**COMPLETION DATE**
A4055	Refer to POC for F758	01/20/2025

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PLAN OF CORRECTION

Provider/Supplier Name:	Cuba Manor
Street Address, City, Zip:	210 Eldon Dr. Cuba, MO 65453
Date of Survey:	12/11/2024

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	265652

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
F761 A4064	The facility will ensure that all drugs and biologicals used in the facility be labeled in accordance with currently accepted professional principles, and include appropriate accessory and cautionary instructions, and the expiration date when applicable.	01/20/2025
	All residents are considered at risk for this alleged deficient practice.	
	DON/Designee to in-service 01/02/2025 nurses on regulation and protocol for removing and destroying completed medications.	
	DON/Designee has cleaned and removed and destroyed all expired, discontinued medication treatments and expired medications from cart.	
	DON/Designee will do surveillance audits weekly x 4 x 1 month, bi-weekly x 1 month, then monthly x 3 months for monitoring of carts	
	All concerns identified will be corrected immediately and reviewed at the quarterly QA meeting x 3 months.	

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PLAN OF CORRECTION

Provider/Supplier Name:	Cuba Manor
Street Address, City, Zip:	210 Eldon Dr. Cuba, MO 65453
Date of Survey:	12/11/2024

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	265652

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
A4064	Refer to POC for F761	01/20/2025

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