

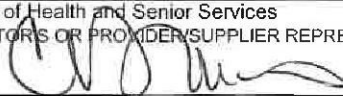
Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 22584D	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/17/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BUNGALOWS AT CHESTERFIELD VILLAGE, TI	STREET ADDRESS, CITY, STATE, ZIP CODE 2410 WEST CHESTERFIELD BLVD SPRINGFIELD, MO 65807
--	---

(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
--------------------	--	---------------	---	--------------------

A4275	<p>19 CSR 30-86.042(40) Physicians Orders & Proper Care</p> <p>Residents shall receive proper care to meet their needs. Physician orders shall be followed. I/II</p> <p>This regulation is not met as evidenced by: Based on interview and record review, the facility failed to provide care per standards of practice when facility staff failed to transcribe orders for labs related to Coumadin (medication blood thinner used to prevent and treat blood clots) usage, failed to obtain orders for routine monitoring blood work for Coumadin use, and failed to follow-up with the physician/clinic after faxing results for labs related to Coumadin usage for one resident (Resident #1) after a return to the facility from the hospital that included a change in Coumadin dosage. The facility census was 54.</p> <p>Review showed the facility did not provide a policy regarding the process and procedure of residents receiving anticoagulant (substance used to prevent, treat blood clots in the blood vessels).</p> <p>Review of the Coumadin Prescribing Information from the Food and Drug Administration (FDA), dated 08/2017, showed the following:</p> <ul style="list-style-type: none"> -Coumadin can cause major or fatal bleeding; -Perform regular monitoring of internal normalized ration (INR - a blood test that measures how long it takes for blood to clot) in all treated patients; -Drugs, dietary changes, and other factors affect INR levels achieved with Coumadin; -Instruct patients about prevention measures to minimize risk of bleeding and to report signs and symptoms of bleeding; -The dosage and administration of Coumadin 	A4275		
-------	--	-------	--	--

Missouri Department of Health and Senior Services
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE **Executive Director** (X6) DATE **01.10.2025**

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 22584D	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/17/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BUNGALOWS AT CHESTERFIELD VILLAGE, TI	STREET ADDRESS, CITY, STATE, ZIP CODE 2410 WEST CHESTERFIELD BLVD SPRINGFIELD, MO 65807
--	---

(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
A4275	<p>Continued From page 1</p> <p>must be individualized for each patient according to the patient ' s INR response to the drug. Adjust the dose based on the patient ' s INR and the condition being treated;</p> <p>-Coumadin has a narrow therapeutic range and its action may be affected by factors such as other drugs and dietary vitamin K. Therefore, anticoagulation must be carefully monitored during Coumadin therapy. Determine the INR daily after the administration of the initial dose until INR results stabilize in the therapeutic range. After stabilization, maintain dosing within the therapeutic range by performing periodic INRs. The frequency of performing INR should be based on the clinical situation but generally acceptable intervals for INR determinations are 1 to 4 weeks.</p> <p>1. Review of Resident #1's face sheet (a document that gives a resident's information at a quick glance) showed the following:</p> <p>-Admission date of 04/18/18; -Readmission date of 09/04/24; -Diagnoses included osteoarthritis (chronic, degenerative joint disease that affects the cartilage and surrounding tissues in the joints, chronic obstructive pulmonary disease (COPD - lung disease that causes airflow obstruction and breathing problems, dementia (a chronic condition that causes a gradual decline in cognitive abilities, such as thinking, memory, and reasoning, that interferes with daily life), atrial fibrillation (common heart rhythm disorder where the upper chambers of the heart beat irregularly and rapidly), and chronic kidney disease stage 3 (kidneys have mild to moderate damage and are less able to filter waste and fluid out of the blood).</p> <p>Review of the resident's services plan, dated</p>	A4275		

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 22584D	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/17/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BUNGALOWS AT CHESTERFIELD VILLAGE, TI	STREET ADDRESS, CITY, STATE, ZIP CODE 2410 WEST CHESTERFIELD BLVD SPRINGFIELD, MO 65807
--	---

(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
A4275	<p>Continued From page 2</p> <p>10/11/24, showed the following:</p> <ul style="list-style-type: none"> -Resident will have assistance from additional laboratory services. -Resident will have assistance with staff administering medication. -Medication management by community licensed/certified staff. <p>Review of the resident's October 2024 Physician's Order Sheet (POS) showed the following:</p> <ul style="list-style-type: none"> -An order, dated 06/01/23, for warfarin (generic name for Coumadin) 3 milligrams (mg) tab, give one by mouth on Friday and Sunday; -An order, dated 06/10/23, for warfarin 6 mg, give two tabs by mouth one time daily, except on Friday's and Sundays. <p>Review of the resident's progress notes for showed the following:</p> <ul style="list-style-type: none"> -On 10/28/24, at 12:14 P.M., entered by the Director of Nursing (DON) as a late entry for 10/27/24, the resident hit pendant. Resident care attendant (RCA) responded and observed the resident lying on the floor. A medication tech notified and contacted emergency medical services (EMS) who responded promptly and assisted the resident off the floor. Due to the resident being on blood thinners, it was suggested resident go get checked out. Resident was taken to the hospital at 2:30 P.M.; -On 10/28/24, at 12:14 P.M., entered by the DON as a late entry for 10/27/24 at 8:00 P.M., the resident returned from hospital with new orders to double Coumadin today and tomorrow and recheck the PT/INR (prothrombin time and international normalized ratio level - a lab used to 	A4275		

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 22584D	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/17/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BUNGALOWS AT CHESTERFIELD VILLAGE, TI	STREET ADDRESS, CITY, STATE, ZIP CODE 2410 WEST CHESTERFIELD BLVD SPRINGFIELD, MO 65807
--	---

(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
A4275	<p>Continued From page 3</p> <p>bloods clotting time and monitor effectiveness of anticoagulation therapy) on Wednesday (10/30/24). Resident's current INR was 1.4 (in people without health conditions, an INR of 1.1 or below is considered typical. An INR range of 2.0 to 3.0 is generally an effective therapeutic range for people taking warfarin for certain conditions.);</p> <p>-On 10/28/24, at 12:17 P.M., DON completed lab requisition and sent email and faxed new order to the lab.</p> <p>Review of the resident's October 2024 Physician's Order Sheet (POS) showed the following:</p> <p>-An order, dated 10/28/24, for warfarin 6 mg, give two tablets (12 mg) one time daily for two days;</p> <p>-No orders to check PT/INR.</p> <p>Review of the resident's medical record, showed the following:</p> <p>-Resident's blood specimen was collected on 10/30/24;</p> <p>-INR of 2.00;</p> <p>-Handwritten on the form was reported and faxed to anticoagulation clinic.</p> <p>Review of the resident's progress note dated 10/31/24, at 10:40 A.M., reported INR results verbally to the anticoagulation clinic and faxed copy to the clinic.</p> <p>Review of the resident's medical records show staff did not document follow up with the anticoagulation clinic from 10/31/24 and no other blood tests completed.</p> <p>Review of the resident's November 2024 POS showed no order for PT/INR monitoring labs.</p>	A4275		

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 22584D	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/17/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BUNGALOWS AT CHESTERFIELD VILLAGE, TI	STREET ADDRESS, CITY, STATE, ZIP CODE 2410 WEST CHESTERFIELD BLVD SPRINGFIELD, MO 65807
--	---

(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
A4275	<p>Continued From page 4</p> <p>Review of the resident's medical record for November 2024 showed no documentation of monitoring PT/INR labs completed.</p> <p>Review of the resident's December 2024 POS showed no order for PT/INR monitoring labs.</p> <p>Review of the resident's medical record for November 2024 showed no documentation of monitoring PT/INR labs completed.</p> <p>Observation and interview on 12/17/24, at 11:42 A.M., with the resident showed the following:</p> <ul style="list-style-type: none"> -He/she was supposed to have his/her blood checked and it's not being checked often enough; -He/she used to have his/her blood drawn every other week and it hasn't been drawn in three to four weeks; -Resident had a purple/yellow bruise on the right side of her mouth, about 1 inch by 2 inches. He/she reported going to the dentist and that's how it happened; -He/she had a large yellowish purple bruise, on the tops, below the fingers on each hand that nearly covered the entire area; -The resident had five nickel size purplish red bruises down the left forearm, and three nickel size purplish/red bruises down the right arm; -Resident reported having bruising on his/her legs. <p>During interviews on 12/17/24, at 1:26 P.M. and 3:27 P.M., Medication Aide (MA) A said the following:</p> <ul style="list-style-type: none"> -He/she didn't know anything about Coumadin and if or when the blood needs tested; -When he/she sees bruising on residents, he/she 	A4275		

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 22584D	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/17/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BUNGALOWS AT CHESTERFIELD VILLAGE, TI	STREET ADDRESS, CITY, STATE, ZIP CODE 2410 WEST CHESTERFIELD BLVD SPRINGFIELD, MO 65807
--	---

(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
A4275	<p>Continued From page 5</p> <p>reports it to supervisor; -When the resident went to the hospital, he/she came back with bruising and they've had a difficult time with getting them healed.</p> <p>During an interview on 12/17/24, at 3:12 P.M., Resident Care Assistant (RCA) B said the following:</p> <p>-When he/she sees bruising on residents he/she reports to the DON; -He/she noticed the bruise on resident's jaw from the dentist; -He/she hasn't noticed any bruising on the resident's hands or arms.</p> <p>During an interview on 12/17/24, at 3:45 P.M., the anticoagulation clinic said the following:</p> <p>-The last INR was completed when the resident was in the hospital on 10/27/24; -There is an order for another INR to be completed on 10/30/24. He/she has no record of that being done; -INRs are completed depending on the results of the prior blood test; -If the dose is changed, the INR is completed two times the first week and two times the second week; -Ideally the INR should be done monthly or every 4 weeks; -He/she said the protime and INR from 10/27/24 was good, however it's been over a month and it should have been checked again before now; -If the facility doesn't hear from the clinic after sending in the results, they need to call the clinic as sometimes faxes don't make it.</p> <p>During interviews on 12/17/24, at 2:16 P.M. and 3:14 P.M., the DON said the following:</p>	A4275		

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 22584D	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/17/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BUNGALOWS AT CHESTERFIELD VILLAGE, TI	STREET ADDRESS, CITY, STATE, ZIP CODE 2410 WEST CHESTERFIELD BLVD SPRINGFIELD, MO 65807
--	---

(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
A4275	<p>Continued From page 6</p> <ul style="list-style-type: none"> -Depending on the resident, determines how often an INR would be completed for Coumadin; -Orders come through the anticoagulation clinic, cardiologist, or the provider; -The resident gets orders from the anticoagulation clinic; -On 12/07/24, he/she spoke to the resident's family member about an order for a blood draw; -The resident was hospitalized and they increased the resident's Coumadin for a couple of days and requested an INR be completed on 10/30/24; -The INR was completed and he/she called in the results and faxed the results to the clinic; -He/she did not receive a response from the clinic on whether any changes need to be done or for further blood tests; -He/she didn't know what the facility protocol is on following up on blood tests; -The facility did not have a protocol on checking INRs; -He/she didn't know how often it was checked prior to the hospitalization; -He/she said the labs drawn on the resident on 10/30/24 were within normal limits with the INR slightly high; -When he/she provided the results to the anticoagulation clinic, the nurse did not have recommendations; -He/she didn't know if the resident's blood has been checked since 10/28/24; -He/she hadn't seen an increase in bruising but he/she depends on staff as they do cares and would expect staff to report any bruising and they have not. <p>During interviews on 12/17/24, at 2:40 P.M., 3:19 P.M., and 4:34 P.M., the Executive Director said the following:</p>	A4275		

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 22584D	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/17/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BUNGALOWS AT CHESTERFIELD VILLAGE, TI	STREET ADDRESS, CITY, STATE, ZIP CODE 2410 WEST CHESTERFIELD BLVD SPRINGFIELD, MO 65807
--	---

(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
A4275	<p>Continued From page 7</p> <ul style="list-style-type: none"> -Physician's monitor the INRs on those resident's that require monitoring; -If a resident is on Coumadin, they would require an INR. The physician gives an order when the INR needs to be completed and the lab draws the blood; -In October the resident's Coumadin was increased for a couple of days and an INR was to be completed in a couple of days and reported to the clinic; -In his/her other facility he/she required staff to follow up with the provider after a fax to ensure the fax was received; -He/she had a lab box in his/her other facility. Staff checks it nightly and if they do not hear back from the labs, the day shift follows up; -The resident's INR was 1.4 in the hospital so they doubled his/her dose for a couple of days and it was to be rechecked; -Notes show it was rechecked on 10/30/24 and reported to the anticoagulant clinic; -The INR is normally checked monthly. He/she has looked at the resident's chart and didn't see that a blood test had been completed since 10/28/24; -He/she would expect physician's orders to be followed; -He/she didn't see any follow up with the clinic after the information was sent to them; -The DON or med techs are responsible for ensuring INRs are completed timely and orders received. <p>MO00246643</p>	A4275		

