

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/01/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265404	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/19/2025
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NAME OF PROVIDER OR SUPPLIER MAYWOOD TERRACE LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 10300 EAST TRUMAN RD INDEPENDENCE, MO 64052
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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) COMPLETION DATE
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F 761 SS=D	<p>Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)</p> <p>§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.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§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.</p> <p>§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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to properly account for the delivery of 120 tablets of Oxycodone (a narcotic controlled substance for pain) 20 milligram (mg) from the pharmacy for one sampled resident (Resident #1) out of three sampled residents. The facility census was 41 residents.</p> <p>A Policy and Procedure was requested for Controlled Substances and was not received prior</p>	F 761		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Handwritten Signature]

Administrator

4/9/25

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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F 761	<p>Continued From page 1 to exit on 3/19/25.</p> <p>1. Review of Resident #1's Face Sheet showed that he/she was admitted to the facility on 8/3/2019 with a diagnosis of chronic pain syndrome and spinal stenosis (narrowing of the spinal canal that caused pressure on the spinal cord).</p> <p>Review of the resident's electronic Physician Orders dated 2/20/25 showed he/she had order for Oxycodone 20 mg, one tablet four times a day for pain.</p> <p>Review of the resident's care plan, revised 3/4/25 showed: -He/She was receiving pain medication for chronic pain. -The staff would administer his/her pain medication as ordered by the physician. -The staff would re-order pain medication before it ran of supply.</p> <p>Review of the resident's Quarterly Minimum Data Set (MDS- a federally mandated assessment instrument completed by the facility staff for care planning) dated 12/23/24 showed: -He/She was cognitively intact. -He/She was receiving scheduled pain medication daily.</p> <p>Review of the pharmacy receipt dated 2/8/25 not timed showed Registered Nurse (RN) A, had received and signed for the resident's Oxycodone 20 mg 120 tablet count medication card.</p> <p>Review of the facility investigation dated 2/23/25 showed: -The Director of Nursing (DON) arrived the facility</p>	F 761			

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F 761	<p>Continued From page 2 on 2/23/25 at 7:30 A.M.</p> <ul style="list-style-type: none"> -The DON was notified by RN A that the resident only had one tablet left of his/her scheduled Oxycodone 20 mg and was not sure if the pharmacy was able to deliver any more. -DON was notified on 2/8/25 at 2:30 P.M., by RN A that he/she had re-ordered the Oxycodone 20 mg tablets from the pharmacy. -The DON attempted to re-order the resident's Oxycodone 20 mg on 2/23/25 from the pharmacy. Pharmacy informed him/her it was to early for refills and that 120 tablets had been delivered on 2/8/25. -The DON reviewed the pharmacy receipt that showed RN A had signed the receipt for the resident's Oxycodone 20 mg 120 count medication card. -The DON reviewed the resident controlled substance receipt/record/disposition form and it showed RN A documented he/she received 60 tablet quantity of Oxycodone 20 mg tablets on 2/8/25 at 3:00 P.M. for the resident. -On 2/8/25 the DON interviewed RN A and he/she had stated that he/she had not counted with the delivery driver and had signed the delivery slip without confirming the correct medication and count was received. -The DON interviewed Licensed Practical Nurse (LPN) A on 2/23/25. He/She had been the on-coming nurse 2/23/25 at 7:00 P.M. and stated RN A had not done a full narcotic count with him/her and had stated he/she was leaving and if anything was off he/she would correct it in the morning when he/she returned for next shift. <p>Review of the facility On-Coming and Off-Going Shift Controlled Drug Count Reconciliation 3/7/25 through 3/18/25 showed there had not been two licensed staff signatures on:</p>	F 761			

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F 761	<p>Continued From page 3</p> <p>-3/10/25 3:00 P.M. - 7:00 P.M. -3/11/25 7:00 P.M. - 7:00 A.M. -3/14/25 7:00 A.M. - 7:00 P.M. -3/14/25 7:00 P.M. - 7:00 A.M. -3/15/25 7:00 A.M. - 7:00 P.M. - 3/15/25 7:00 P.M. - 7:00 A.M. -3/16/25 7:00 A.M. - 7:00 P.M. -3/16/25 7:00 P.M. - 7:00 A.M. -3/17/25 7:00 A.M. - 7:00 P.M. -3/18/25 7:00 A.M. - 7:00 P.M.</p> <p>During an interview on 3/18/25 at 10:30 A.M., the resident said he/she had not missed getting any pain medications and if he/she does the staff provide an alternative pain medication until scheduled pain medication arrives from the pharmacy.</p> <p>During an interview on 3/18/25 at 11:35 A.M., LPN B said: -When he/she received medications from the pharmacy the medications would be counted and verified with the delivery person and both sign the ticket of receipt. -He/She would be responsible for adding to the locked box immediately and filling out a narcotic count sheet. -Off going and on coming nurses should count narcotics and verify with two signatures that the count is correct.</p> <p>During an interview on 3/19/25 at 1:00 P.M., the DON said: -If would be expected that narcotic counts be done each shift and signed by two staff. -He/She was unaware that this had not been done and would expect staff to come back after leaving their shift to correct it. -He/She would expect medications that are</p>	F 761			

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F 761	Continued From page 4 received from the pharmacy be counted and verified by the charge nurse and stored properly upon receipt of controlled medications. -There had been no education since this incident on controlled substance storage with all staff. Note: *RN A was called twice and messages were left for him/her to contact the office on 3/20/25. RN A has not returned the call. RN A was mailed a certified letter for contact on 4/1/25. MO 00250223	F 761			

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 08673	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/19/2025
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A4055	<p>19 CSR 30-85.042(46) Safe/Effective Medication System</p> <p>There shall be a safe and effective system of medication distribution, administration, control, and use. I/II</p> <p>This regulation is not met as evidenced by: Class II</p> <p>1. Refer to F761.</p>	A4055	Refer to F761	4/23/25

Missouri Department of Health and Senior Services
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Handwritten Signature]

TITLE administrator (X6) DATE 4/9/25

PLAN OF CORRECTION

Provider Name:	Maywood Terrace Living Center
Street Address, City, Zip:	10300 E. Truman Rd Independence, MO 64052
Date of Survey:	03/19/2025
Provider number:	265404

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
	<p>This Plan of Correction is prepared and executed because it is required by the provisions of the State and Federal regulations and not because Maywood Terrace Living Center agrees with the allegations and citations listed on the statement of deficiencies. Maywood Terrace Living Center maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by the regulation. This plan of correction shall operate as Maywood Terrace Living Center's written credible allegation of compliance. By submitting this plan of correction, Maywood Terrace Living Center does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Maywood Terrace Living Center reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.</p>	
F761 D	No resident was identified to have been affected by this alleged deficient practice.	04/23/25
	All facility residents have the potential to be affected by this alleged deficient practice.	
	Education will be provided by Regional Nurse Consultant and/or Director of Nursing to all Licensed Nurses and CMT's on the following: Policy and Procedure for Controlled Substances, process for signing for medications upon receipt from Pharmacy, narcotic count at change of shift, notification to DON immediately if narcotic count is off, Controlled substance storage.	
	The Director of Nursing and/or designee will conduct audits to validate Controlled Substance Policy and Procedures are being followed, medications are signed for upon delivery by Pharmacy and the correct process is followed, narcotic count done and signed off at change of shift and controlled substance storage policy is followed. This will be completed 5x week for 1 week,	

	3x week for 2 weeks and 1x week monthly until substantial compliance is met.	
	Audit findings will be reviewed at monthly QAPI meeting until compliance is met.	
	Continued education will be done as needed,	

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.