STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265848	A. BUILDING _____ B. WING _____	02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITIES OF WILDWOOD RANCH	3222 SOUTH JOHN DUFFY DRIVE JOPLIN, MO 64804

(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 000	INITIAL COMMENTS A Recertification survey was conducted by Healthcare Management Solutions, LLC on behalf of the State of Missouri, Department of Health and Senior Services. The facility was found not to be in substantial compliance with 42 CFR 483 subpart B. Survey Dates: 02/10/25 to 02/13/25 Survey Census: 103 Sample Size: 25 Supplemental Residents: 8	F 000		
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced	F 757		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Cynthia Reed, LPN/LNHA | Administrator | 3/4/25

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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by:
Based on record review and interview, the facility failed to ensure all residents were free from unnecessary medications when staff administered blood pressure medication to one resident (Resident #22) when the resident's blood pressure was outside for the physician ordered parameters for administration.

Review of the facility's policy titled "Clinical Administering Medications," with a revised date of April 2019, showed the following:

-Medications are administered in a safe and timely manner, and as prescribed;
-Medications are administered in accordance with prescriber orders;
-If a dosage is believed to be inappropriate or excessive for a resident, or a medication has been identified as having potential adverse consequences for the resident or is suspected of being associated with adverse consequences, the person preparing or administering the medication will contact the prescriber, the resident's attending physician, or the facility's medical director to discuss the concerns.

1. Review of Resident #22's "Admission Record," located in the "Profile" tab of the electronic medical record (EMR), showed the following:

-Admission date of 08/09/2;
-Diagnoses included personal history of transient ischemic attack (temporary interruption of blood flow to the brain) and cerebral infarction (ischemic stroke) without residual deficits, congestive heart failure (CHF - chronic condition where the heart muscle becomes weakened and cannot pump blood efficiently), unspecified atrial

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fibrillation (a heart rhythm disorder), and high blood pressure.

Review of the resident's quarterly "Minimum Data Set (MDS)" assessment, located in the "MDS" tab in the EMR, with an Assessment Reference Date (ARD) of 01/25/25, showed the following:

-Resident had severe cognitive impairment;
-Resident required substantial/maximal assistance for toileting, showering, dressing, and personal hygiene.

Review of the resident's EMR under "Physician Orders," showed a physician order, dated 07/09/24, for hydralazine HCl (medication used to treat high blood pressure) oral tablet 50 milligrams (mg), administer one tablet by mouth two times a day for high blood pressure. Staff to hold medication if systolic blood pressure (SBP) was less than 110 millimeters of Mercury (mm/Hg).

Review of the resident's December 2024 "Medication Administration Record (MAR)," located in the EMR "Orders" tab, showed the following:

-The physician order for hydralazine HCl oral tablet 50 mg, give one tablet by mouth two times a day for high blood pressure.
-On 12/05/24, morning, staff administered the resident's hydralazine HCL. Staff noted the resident had a SBP of 108 mm/Hg.
-On 12/05/24, evening, staff administered the resident's hydralazine HCL. Staff noted the resident had a SBP of 104 mm/Hg.
-On 12/06/24, morning, staff administered the resident's hydralazine HCL. Staff noted the

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resident had a SBP of 104 mm/Hg.
-On 12/20/24, morning, staff administered the resident's hydralazine HCL. Staff noted the resident had a SBP of 105 mm/Hg.

Review of the resident's January 2025 "MAR," located in the EMR "Orders" tab, showed the following:

-The physician order for hydralazine HCl oral tablet 50 mg, give one tablet by mouth two times a day for high blood pressure.
-On 01/01/25, morning, staff administered the resident's hydralazine HCL. Staff noted the resident had a SBP of 109 mm/Hg.
-On 01/05/25, morning, staff administered the resident's hydralazine HCL. Staff noted the resident had a SBP of 109 mm/Hg.
-On 01/05/25, evening, staff administered the resident's hydralazine HCL. Staff noted the resident had a SBP of 109 mm/Hg.
-On 01/08/25, morning, staff administered the resident's hydralazine HCL. Staff noted the resident had a SBP of 104 mm/Hg.

Review of the February 2025 "MAR," located in the EMR "Orders" tab, showed the following:

-The physician order for hydralazine HCl oral tablet 50 mg, give one tablet by mouth two times a day for high blood pressure.
-On 02/01/25, evening, staff administered the resident's hydralazine HCL. Staff noted the resident had a SBP of 109 mm/Hg.
-On 02/05/25, morning, staff administered the resident's hydralazine HCL. Staff noted the resident had a SBP of 96 mm/Hg.
-On 02/07/25, morning, staff administered the resident's hydralazine HCL. Staff noted the

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resident had a SBP of 107 mm/Hg.
-On 02/10/25, morning, staff administered the resident's hydralazine HCL. Staff noted the resident had a SBP of 105 mm/Hg.

Review of the resident's "Progress Note," located under the EMR "Progress Notes" tab, dated December 2024 to February 2025, showed staff did not document why the hydralazine HCl was administered with SBP below 110 mm/Hg.

During an interview on 02/13/25, at 9:46 A.M., Certified Medicine Technician (CMT) 1 said he/she would get the resident's vitals and check the parameters that were on the medication list. If a resident's blood pressure was too high or too low, she would tell the nurse. The nurse would tell him/her if he/she should give blood pressure medication or not. CMT1 confirmed the resident had received hydralazine outside of the ordered parameters, and he/she had administered some of the doses. CMT1 said there was normally a spot in the progress note where he/she would document that the nurse said to give the medication outside parameters, and did not know why there was not a note. When he/she documented the blood pressures in the EMR it would tell him/her if it was outside the parameters. If the resident's SBP was below 110 mm/Hg the hydralazine should be held.

During an interview on 02/13/25, at 10:07 A.M., Licensed Practical Nurse (LPN) 1 said if a resident required a blood pressure medication, he/she would check their pulse and blood pressure. If the blood pressure was outside of ordered parameters, they would follow the parameter order. LPN1 said if the blood pressure was below parameters he/she would hold the

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F 757	Continued From page 5 medication and then contact the doctor to notify them. He/she would then put in a progress note, which the Medical Director and Nurse Practitioner both read. Giving blood pressure medication below parameters could cause the resident's blood pressure to go lower. During a concurrent interview on 02/13/25, at 1:17 A.M. with the Administrator, Director of Nursing (DON), and Regional Nurse Consultant showed they said if a resident's blood pressure was outside of ordered parameters, the ordered blood pressure medication should not be given. The DON said the staff would usually notify the Medical Director or Nurse Practitioner. The DON stated that the only reason to give the medication outside of parameters was if the physician had been contacted, which would then be documented. The DON said if a medication had been held below a parameter it would be on the 24-hour report.	F 757		

PLAN OF CORRECTION

Provider/Supplier Name:	Communities of Wildwood Ranch
Street Address, City, Zip:	3222 S John Duffy Drive Joplin, MO 64804
Date of Survey:	2/13/2025

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	**265848**

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
	This plan of correction is submitted as required under the State Law. The submission of this plan does not constitute an admission on the part of The Communities of Wildwood Ranch as to the accuracy of the surveyor's findings or the conclusions drawn therefrom. The plan of correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the scope and severity regarding any of the deficiencies cited are correctly applied. The facility submits this plan of correction with the intention that it be inadmissible by any third party in any civil action or criminal action against the facility or any employee, agent, officer, director or shareholder of the facility. Any changes to the facility policies and procedures should be considered to be subsequent remedial measures, such as that employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceedings on that basis. Please accept this plan of correction with completion dates as our written credible allegation of compliance.	
F757	To help prevent the administration of unnecessary medications the facility will implement the facility's policy and procedures by ensuring staff that administer medications are educated that medications should not be given outside of noted parameters causing the unnecessary administration of medication. Resident #22 has not had any negative outcome from this alleged deficient practice All other residents will be considered at risk for this alleged deficient practice. On 2/14/25 staff members that gave resident #22 medication outside of the parameters were educated directly by the DON to ensure future compliance.	3/28/2025

	Continue F757.. On 2/13/25 staff members that give medications were educated about giving/not giving medications that have parameters to prevent recuring deficient practice. DON and/or designee will audit 30 residents that have medications with parameters weekly times 6 weeks and ensure no medications were given outside of parameters For Quality Assurance: This process will be reviewed monthly at the QAPI meeting x 3 months, then randomly thereafter until the committee deems it no longer necessary Areas of concern will be addressed at the time of discovery for further interventions. The Administrator and DON will be responsible for compliance.	

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.