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
	02546A	A. BUILDING: _____ B. WING _____	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FESTUS MANOR	627 WESTWOOD DR S FESTUS, MO 63028

(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
A4055	19 CSR 30-85.042(46) Safe/Effective Medication System There shall be a safe and effective system of medication distribution, administration, control, and use. I/II This regulation is not met as evidenced by: Class II Based on observation, interview, and record review, the facility failed to ensure drugs and biologicals were labeled in accordance with currently accepted practices. This had the potential to affect all residents. The facility's census was 10. Review of the facility's policy titled, "Storage of Medications," revised April 2019, showed: - The facility stores all drugs and biologicals in a safe, secure, and orderly manner; - Discontinued, outdated, or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed. Review of the facility policy titled, "Vials and Ampoules (a small sealed vial) of Injectable Medications," dated August 2020, showed: - Vials and ampoules of injectable medications are used in accordance with the manufacture's recommendations or the provider pharmacy's directions for storage, use, and disposal; - Opening a vial triggers a shortened expiration date that is unique for that product; - The date opened, and this triggered expiration date are both important to record on multi-dose vials, at a minimum, the date opened must be recorded; - Guidelines recommend discarding multi-dose vials at 28 days after opening	A4055		

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A4055	Continued From page 1 Review of the facility policy titled, "Insulin Administration," revised September 2014, showed: - To provide guidelines for the safe administration of insulin to residents with diabetes mellitus (metabolic disease); - If opening a new vial, record expiration date and time on the vial (follow manufacturer recommendations for expiration after opening). Review of the manufacturer's information for Lantus (a long-acting insulin) Pen, revised May 2025, showed: - Only use the pen for up to 28 days after its first use. 1. Observation on 05/05/26 at 11:42 A.M., of the 500 Hall medication cart showed: - One opened Lantus pen not dated. During an interview on 05/05/26 at 11:42 A.M., Licensed Practical Nurse (LPN) A said the insulin pen should have been dated when opened. During an interview on 05/05/26 at 3:25 P.M., the Director of Nursing (DON) said the insulin pen should be dated when opened.	A4055		

PLAN OF CORRECTION	
Provider/Supplier Name:	Festus Manor
Street Address, City, Zip:	627 Westwood Drive South Festus, MO 63028
Date of Survey/Inspection:	5/5/26

Provider Number:	265401	
ID PREFIX TAG	Provider's Plan of Correction: (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERRENCED TO THE APPROPRIATE DEFICIENCY).	COMPLETION DATE
	This Plan of Correction constitutes written allegations of compliance for the deficiencies cited. However, submission of the Plan or Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by state and federal law.	
A4055	The facility will ensure the labeling of drugs & biologicals used in the facility are labeled in accordance with currently accepted professional principles. All residents have potential to be affected. <u>Corrective Action:</u> A 100% audit was completed by the Director of Nursing on insulin pens to ensure open dates are reflected on labels. This audit will occur daily x 4 weeks then weekly for 4 weeks. An in-service was completed prior to 5/13/26 with RN's, LPN's & insulin certified CMT's on the policy & procedure for dating insulin when opened and verifying expiration date prior to use. This in-service will occur annually & in the orientation program for new hires. A log has been implemented by the Director of Nursing to be completed by oncoming & off going RN's & LPN's at shift change. This log will be ongoing and verify insulin dates are in compliance each shift. This log will be reviewed by the Director of Nursing.	5/14/26

	Quality Improvement Plan/Review: The insulin audit, education & reports here withing will be submitted to the monthly meeting of the QAPI committee for review & further recommendation if indicated.	