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
	29674	A. BUILDING: _____ B. WING _____	C 07/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNYHILL INDEPENDENCE CENTER	3343 ARMBRUSTER ROAD DE SOTO, MO 63020

(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
A4828	19 CSR 30-86.047(55) Medication Errors/Reactions-Report, Document All medication errors and adverse reactions shall be promptly documented and reported to the administrator and the resident ' s physician. If the pharmacy made a dispensing error, it shall also be reported to the issuing pharmacy. II/III This regulation is not met as evidenced by: Class III Based on interview and record review, the facility failed to promptly report a medication error to the administrator and the resident's physician for one resident (Resident #1) out of 17 sampled residents. The facility census was 31. Record review of the facility medication error report for Resident #1, showed: - On 7/5/22, the following 8 P.M. medications were given in error at 4 P.M.: Atorvastatin (medication to treat high cholesterol) 10 milligram (mg) and Risperidone (antipsychotic medication) 1 mg; - No follow up noted and no documentation of the report to the physician or administrator. During an interview on 7/14/2022 at 5:36 P.M., the Administrator said that a medication error on 7/5/2022 was not properly followed up on. The physician was not contacted by the on call nurse regarding the medication error. See MO00203562	A4828	This Administrator held a training on 7/21/2022 regarding Medication Errors.(see attached staff signatures) We talked about who to contact and the new Medication Error Sheet to fill out.(See attached) Nurse will contact poison control, Administrator, and Physician once she is informed of a medication error. Administrator will keep the documentation needed to show we followed the correct action steps.	