STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265368	A. Building B. Wing	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rock Point Nursing Center	8477 North Street Birch Tree, MO 65438

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview, and record review, the facility failed to maintain a safe, clean, comfortable and homelike environment. This deficient practice had the potential to affect all residents at the facility. The facility census was 70. Review of the facility's policy titled, Homelike Environment, revised on February 2021, showed; - Residents are provided with a safe, clean, comfortable and homelike environment. The facility did not provide a maintenance log. 1. Observations on 01/08/25 at 8:22 A.M., and 01/09/25 at 8:52 A.M., of the dining room and the C unit showed: - A deep crack in the laminate flooring across the middle of the dining room, approximately 15 foot (ft) in length and approximately 1 inch (in) deep causing a shift in the walking surface; - Approximately 20 ft of missing baseboard trim along the entire dining room wall near the kitchen; - Exposed sheetrock approximately 20 in x 20 in in the C unit hallway. During an interview on 01/09/25 at 10:27 A.M., the Maintenance Supervisor (MS) said the crack in the dining room floor had been there since he/she had worked there. No one had not discussed fixing it. The foundation shifted which caused the crack. During an interview on 01/09/25 at 10:44 A.M., the Administrator said she was aware of the crack in the dining room floor and it had been there for a long time. She said they had no current plans to fix it.

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.

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

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. Based on interview and record review, the facility failed to attempt a gradual dose reduction (GDR) for three residents (Residents #16, #24, and #58) out of five sampled residents. The facility census was 70. Review of the facility's policy titled, Tapering Medications and Gradual Dose Reduction, revised July 2022, showed: - After medications are ordered for a resident, the staff and practitioner shall seek an appropriate dose and duration for each medication that also minimizes the risk of adverse consequences; - Residents who use psychotropic (medications that affect the mind, emotions, and behavior) medications shall receive gradual dose reductions and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; - The staff and practitioner will consider tapering of medications as one approach to finding an optimal dose or determining whether continued use of a medication is benefiting the resident; - The physician will review periodically whether current medications are still necessary in their current doses. For example, whether an individual's conditions or risk factors are sufficiently prominent or enduring that they require medication therapy to continue in the current dose, or whether those conditions and risks could potentially be equally well managed or controlled without certain medications, or with a lower dose; - Residents who use psychotropic medications shall receive gradual dose reductions, unless clinically contraindicated, in an effort to discontinue the use of such drugs. Pertinent behavioral interventions (non-pharmacological attempts to influence an individual's behavior, including environmental alterations and staff approaches to care) will also be attempted; - Within the first year after a resident is admitted on a psychotropic medication or after the resident has been started on a psychotropic medication, the staff and practitioner shall attempt a GDR in two separate quarters (with at least one month between the attempts), unless clinically contraindicated. After the first year, the facility shall attempt a GDR at least annually, unless clinically contraindicated; - For any individual who is receiving a psychotropic medication to treat a psychiatric disorder other than behavioral symptoms related to dementia {for example, schizophrenia, bipolar mania, or depression with psychotic features), the GDR may be considered contraindicated, if: the continued use is in accordance with relevant current standards of practice and the physician has documented the clinical rationale for why any attempted dose reduction would be likely to impair the resident's function or cause psychiatric instability by exacerbating an underlying psychiatric disorder; or the resident's target symptoms returned or worsened after the most recent attempt at a GDR within the facility and the physician has documented the clinical rationale for why any additional attempted dose reduction at that time would be likely to impair the resident's function or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1. Review of Resident #16's medical record showed: - admission date of 01/19/23; - Diagnoses of catatonic disorder (syndrome marked by not able to move normally), anxiety (persistent worry and fear about everyday situations), schizophrenia (long term mental disorder that affects a person's ability to think, feel, or behave clearly, sometimes including delusions or hallucinations), and drug induced akathisia (movement disorder causing feeling of restlessness and an urge to move); - An order for Paxil (an antidepressant mediation) 40 milligrams (mg) by mouth at bedtime daily for anxiety disorder, dated 07/29/24; - An order for quetiapine (an antipsychotic (medications that treat symptoms of psychosis, such as hallucinations and delusions) medication) 100 mg by mouth at bedtime daily for schizophrenia, dated 05/07/24; - An order for mirtazapine (an antidepressant medication) 30 mg by mouth at bedtime daily for anxiety disorder, dated 12/18/23; - No documentation of attempted GDRs for Paxil, quetiapine, or mirtazapine; - No documentation of contraindications of medication adjustments for Paxil, quetiapine, or mirtazapine. 2. Review of Resident #24's medical record showed: - admission date of 01/17/24; - Diagnoses of dementia (a disorder marked by memory loss, personality changes, and impaired reasoning that interferes with daily functioning), suicidal ideations, bipolar (a mental disorder that causes unusual shifts in mood) disorder, major depressive disorder (long-term loss of pleasure or interest in life), transient cerebral ischemic attack (TIA - a neurologic deficit that produces stroke symptoms that resolve within 24 hours), cerebral infarction (damage to the brain from interrupted blood supply), insomnia (difficulty sleeping), and anxiety; - An order for escitalopram (an antidepressant medication) 10 mg by mouth every morning for anxiety disorder, dated 07/15/24; - An order for trazodone (an antidepressant medication) 50 mg by mouth at bedtime for insomnia, dated 01/29/24; - An order for quetiapine 50 mg by mouth at bedtime daily for major depressive disorder, dated 01/17/24; - No documentation of attempted GDRs for escitalopram, trazodone, or quetiapine; - No documentation of contraindications of medication adjustments for escitalopram, trazodone, or quetiapine. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Review of Resident #58's medical record showed: - admission date of 01/05/24; - Diagnoses of cerebrovascular disease (a condition that impacts the brain's blood vessels and blood flow), rheumatoid arthritis (a chronic disease marked by inflammation of multiple joints), bipolar disorder, hypertension (high blood pressure), and diabetes mellitus (DM - a condition that affects the way the body processes blood sugar); - An order for aripipazole (an antipsychotic medication) 5 mg by mouth in the morning related to bipolar disorder, dated 01/29/24; - No documentation of attempted GDRs for aripipazole; - No documentation of contraindications of medication adjustments for aripipazole. During an interview on 01/09/25 at 11:30 A.M., Pharmacist A said he/she did the monthly medication reviews at least once a month if not more. He/She sent the monthly information to the facility. The facility was responsible for sending the recommendations or considerations to the physicians. A GDR was done when needed unless the resident had bipolar, schizoaffective disorder, or schizophrenia diagnoses. For those diagnoses, the resident did not need a GDR and he/she would let the psychiatric physician handle the resident's medication titrations. A GDR was usually done within the first three months of admission, then every six months, then every year on average for residents without a diagnosis of bipolar, schizoaffective disorder, or schizophrenia. During an interview on 01/09/25 at 11:50 A.M., the Administrator said she expected GDRs to be done for all residents on any psychotropic medication unless they were contraindicated. The GDRs should be completed per the facility's policy.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation, interview and record review, the facility failed to maintain a medication error rate of less than five percent (%). There were 28 opportunities with two errors made, resulting in an error rate of 7.14% for two residents (Residents #23 and #58) out of six sampled residents. The facility's census was 70. Review of the facility's policy titled, Insulin Administration, revised September 2014, showed: - The staff will have access to specific instructions from the manufacturer on all forms of insulin delivery systems; - The policy did not address insulin pen administration technique. Review of the Fiasp (a rapid insulin injected just below the skin that helps lower mealtime blood sugar spikes) Flextouch Pen (insulin in a pen-type device) instructions, revised, June 2023, showed: - Prime the pen by turning the dose knob to two units; - Hold the pen with the needle is pointing up; - Tap the cartridge holder gently to collect air bubbles at the top; - Push the dose knob in until it stops, and zero is seen in the dose window, count to five slowly, the insulin will be visible at the tip of the needle; - Select the dose; - Give the injection after selecting the area and cleaning the site with an alcohol swab. 1. Review of Resident #23's Physician Order Sheet (POS), dated January 2025, showed: - An order for Fiasp insulin pen 100 units per milliliter (ml) subcutaneous (an injection just below the skin) per a sliding scale of blood sugar of if 140-180 = 2 units, 181- 240 = 3 units, 241-300 = 4 units, 301 - 350 = 6 units, 351-400 = 8 units, dated 11/11/24. Observation of Resident #23's medication administration on 01/08/25 at 11:11 A.M., showed: - Certified Medical Technician (CMT) B administered 3 units of of Fiasp insulin for a blood sugar of 199 subcutaneously with the resident's Fiasp Flextouch Pen; - CMT B failed to prime the Fiasp Flextouch Pen per the manufacturer's instructions prior to the administration of the insulin to the resident. 2. Review of Resident #58's POS, dated January 2025, showed: - An order for Fiasp insulin pen 100 units per ml subcutaneous with meals per a sliding scale of blood sugar of if 0-149 = 0 units, 150-199 =3 units, 200 - 249 = 6 units, 250 - 299 = 9 units, dated 11/28/24. (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation of Resident #58's medication administration on 01/08/25 at 11:26 A.M., showed: - CMT B administered 3 units of Fiasp insulin for a blood sugar of 189 subcutaneously with the resident's Fiasp Flextouch Pen; - CMT B failed to prime the Fiasp Flextouch Pen per the manufacturer's instructions prior to the administration of the insulin to the resident. During an interview on 01/09/25 at 8:19 A.M., CMT B said when administering insulin, he/she would prime the insulin pen when it was brand new, and then after that, he/she did not prime the pen before each dose. He/She had not ever been told to prime the insulin pens before administering each dose. During an interview on 01/09/25 at 10:48 A.M., the Director of Nursing (DON) said all insulin pens should be primed before each individual dose according to the manufacturer guidelines. During an interview on 01/09/25 at 10:50 A.M., the Administrator said she would expect staff to follow manufacturer guidelines, and prime insulin pens before giving each dose.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to implement Enhance Barrier Precautions (EBP) during tube feeding (liquid food delivered into the stomach by a tube) and incontinent care for one resident (Residents #21) out of four sampled residents. The facility census was 70. Review of the facility's policy titled, Enhanced Barrier Precautions, not dated, showed: - EBP is used as an infection prevention and control intervention to reduce the spread of multi-drug resistant organisms; - Gloves and gown are applied prior to performing high contact resident care activity; - Examples of high-contact resident activities requiring EBP include: dressing, bathing, transferring, hygiene care, changing linens, changing briefs and assistance with toileting, device care or use for central line, feeding tube, tracheostomy/ventilator etc.) and wound care. 1. Observation on 01/08/25 at 11:12 A.M., of Resident #21's tube feeding administration showed: - EBP signage posted outside of the resident's room; - Licensed Practical Nurse (LPN) C did not put on an isolation gown, entered the resident's room, performed hand hygiene, put on gloves, and administered the resident's tube feeding; - LPN C removed the gloves, performed hand hygiene, and left the resident's room. 2. Observation on 01/08/25 at 6:06 P.M., of Resident #21's incontinent care showed: - EBP signage posted outside of the resident's room; - Certified Nursing Assistant (CNA) E and Nursing Assistant (NA) D did not put on an isolation gown, entered the resident's room, performed hand hygiene, put on gloves, performed the incontinent care, removed the gloves, performed hand hygiene, and left the resident's room. During an interview on 01/09/25 at 10:02 A.M., LPN C said he/she did not wear a gown when doing tube feedings for Resident #21. During an interview on 01/08/25 at 6:26 P.M., CNA E said he/she did not normally wear a gown when performing any kind of care for Resident #21. CNA E asked the Director of Nursing (DON) before doing care if he/she needed a gown and was told no. During an interview on 01/08/25 at 6:27 P.M., NA D said he/she did not wear a gown when performing incontinent care on Resident #21. During an interview on 01/09/25 at 10:50 A.M., the DON said she would expect staff to follow EBP precautions. Staff should wear a gown when administering tube feedings and during incontinent care.