STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265404	A. Building B. Wing	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maywood Terrace Living Center	10300 East Truman Rd Independence, MO 64052

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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. A Policy and Procedure was requested for Controlled Substances and was not received prior to exit on 3/19/25. 1. Review of Resident #1's Face Sheet showed that he/she was admitted to the facility on [DATE] with a diagnosis of chronic pain syndrome and spinal stenosis (narrowing of the spinal canal that caused pressure on the spinal cord). Review of the resident's electronic Physician Orders dated 2/2025 showed he/she had order for Oxycodone 20 mg, one tablet four times a day for pain. 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. 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. 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. Review of the facility investigation dated 2/23/25 showed: (continued on next page)

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

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The Director of Nursing (DON) arrived the facility on 2/23/25 at 7:30 A.M. -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. 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: -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. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-3/18/25 7:00 A.M. - 7:00 P.M. 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. 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. 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 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