

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265734	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/12/2025
NAME OF PROVIDER OR SUPPLIER Country Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 N St Joe Drive Park Hills, MO 63601	

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)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on interview and record review, the facility failed to follow physician's orders when residents missed doses of medication due to being unavailable for six residents (Resident #1, #2, #3, #4, #5, and #6) out of six sampled residents. The facility's census was 68. The facility did not provide a policy regarding following physician orders or regarding residents missing doses of medications. 1. Review of Resident #1's medical record showed:- An admission date of 05/06/21;- Diagnoses of constipation, type 2 diabetes mellitus, vitamin deficiency, nausea, pneumonia, low back pain, pain in right and left hip, and muscle spasm of back;- An order for Linzess (constipation medication), 145 micrograms (mcg), one capsule orally 30 minutes prior to meal for constipation, dated 08/29/25;- An order for Senna Plus tablet (constipation medication) 8.6-50 milligrams (mg), two tablets orally twice a day for constipation, dated 08/14/25;- An order for cholecalciferol (Vitamin D3), 1250 mcg, one capsule once a day on the 13th of every third month for vitamin deficiency, dated 08/12/25;- An order for Carafate (gastrointestinal protectant), one gram orally twice a day for nausea, dated 07/06/25;- An order for Farxiga (medication that lowers blood sugar), 5 mg, one tablet orally once a day for type 2 diabetes mellitus, dated 07/28/25;- An order for guaifenesin (medication to relieve congestion), 400 mg, one tablet orally twice a day for pneumonia, dated 07/06/25;- An order for Movantik (constipation medication), 25 mg, one tablet once a day for constipation, dated 07/06/25;- An order for Tresiba insulin, 100 units per milliliter (ml), 15 units subcutaneously (under the skin) once a day for type 2 diabetes mellitus, dated 07/06/25;- An order for hydrocodone-acetaminophen (pain medication), 10-325 mg, one tablet orally four times a day for pain in right hip, dated 09/24/25;- An order for lactulose (constipation medication), 10 grams/15 ml, 30 ml orally once a day for constipation, dated 09/05/25. Review of the resident's Medication Administration Record (MAR), dated August 2025, showed:- Linzess not administered due to being unavailable on 08/29 and 08/30, for a total of two missed doses out of 31 opportunities;- Senna Plus not administered due to being unavailable on 08/23, for a total of one missed dose out of 35 opportunities;- Cholecalciferol not administered due to being unavailable on 08/13, for a total of one missed dose out of one opportunity. Review of the resident's MAR, dated September 2025, showed:- Carafate not administered due to being unavailable on 09/21/25 (two doses), 09/22/25 (two doses), and 09/23/25 (two doses), for a total of six missed doses out of 60 opportunities;- Farxiga not administered due to being unavailable on 09/19, 09/20, 09/21, 09/22, 09/23, 09/24, 09/25, 09/26, 09/27, 09/28, and 09/29, for a total of 11 missed doses out of 30 opportunities;- Guaifenesin not administered due to being unavailable on 09/19, 09/23 (two doses), 09/24 (two doses), 09/25 (two doses), 09/26 (two doses), 09/27 (two doses), 09/28, and 09/29, for a total of 13 missed doses out of 60 opportunities;- Movantik not administered due to being unavailable on 09/23, for a total of one missed dose out of 30 opportunities. Review of the resident's MAR, dated October 2025, showed:- Movantik not administered due to being unavailable on 10/08, for a total of one missed dose out of 30 opportunities;- Tresiba not administered due to being unavailable on 10/20, for a total</p> <p>(continued on next page)</p>

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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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>of one missed dose out of 31 opportunities;- Hydrocodone-acetaminophen not administered due to being unavailable on 10/30 (two doses), for a total of two missed doses out of 124 opportunities. Review of the resident's MAR, dated November 1 through November 12, 2025, showed:- Linzess not administered due to being unavailable on 11/03, for a total of one missed dose out of 12 opportunities;- Lactulose not administered due to being unavailable on 11/01/, 11/02, and 11/03, for a total of three missed doses out of 12 opportunities;- Tresiba not administered due to being unavailable on 11/02 and 11/03, for a total of two missed doses out of 12 opportunities;- Hydrocodone-acetaminophen not administered due to being unavailable on 11/03, for a total of one missed dose out of 46 opportunities. During an interview on 11/12/25 at 11:54 A.M., Resident #1 said the Director of Nursing told both him/her and his/her daughter that they had to give some of his/her pain medication to a resident on the rehab hall. He/She missed probably two doses recently of his/her scheduled pain medication. He/She is out of muscle relaxer right now and hasn't gotten it today. His/Her back hurts bad right now, about 8/10 on the pain scale. He/She should be getting a pain pill anytime now. His/her stomach gets messed up when they run out of his/her medicine for his/her bowels. He/She has run out of medication quite a few times. Sometimes they'll have it in the e-kit (emergency kit) - a supply of essential medications and supplies used to treat acute symptoms quickly, but sometimes they don't, and they didn't this time. 2. Review of Resident #2's medical record showed:- An admission date of 04/14/22;- Diagnoses of acute pain due to trauma, type 2 diabetes mellitus, chronic pain syndrome, anxiety disorder, vitamin deficiency, age-related cataract, disorders of the left eye following cataract surgery, and insomnia.- An order for baclofen (muscle relaxant), 10 mg, one tablet orally twice a day for chronic pain syndrome, dated 03/11/25 and discontinued 08/18/25;- An order for Farxiga, 10 mg, one tablet orally once a daily for type 2 diabetes mellitus, dated 03/15/24;- An order for melatonin (hormone supplement used for sleep), three mg, three tablets orally at bedtime for insomnia, dated 06/20/24;- An order for buspirone (anxiety medication), 10 mg, two tablets orally three times a day for anxiety disorder, dated 01/31/25;- An order for cholecalciferol (Vitamin D3), 25 mcg, two capsules once a day for vitamin deficiency, dated 03/15/24;- An order for ketorolac drops (drops for itching or pain in the eye), 0.5%, one drop to the affected eye three times a day for age-related cataract, dated 09/16/25 and discontinued 09/20/25;- An order for Ocuflax drops (antibiotic eye drops), 0.3%, one drop to left eye three times a day for disorders of the left eye following cataract surgery, dated 11/04/25 and discontinued 11/06/25. Review of the resident's MAR, dated August 2025, showed:- Baclofen not administered due to being unavailable on 08/07 and 08/08, for a total of two missed doses out of 35 opportunities;- Farxiga not administered due to being unavailable on 08/24 and 08/25, for a total of two missed doses out of 31 opportunities;- Melatonin not administered due to being unavailable on 08/16 and 08/17, for a total of two missed doses out of 31 opportunities. Review of the resident's MAR, dated September 2025, showed:- Buspirone not administered due to being unavailable on 09/16, for a total of one missed dose out of 90 opportunities;- Cholecalciferol not administered due to being unavailable on 09/25, 09/26, 09/27, 09/28, and 09/29, a total of five missed doses out of 30 opportunities;- Ketorolac drops not administered due to being unavailable on 09/16, 09/17 (three doses), 09/18 (three doses), 09/19 (two doses), for a total of nine missed doses out of 12 opportunities. Review of the resident's MAR, dated October 2025, showed:- Farxiga not administered due to being unavailable on 10/27, for a total of one missed dose out of 31 opportunities;- Melatonin not administered due to being unavailable on 10/26, 10/27, 10/28, 10/29, 10/30, and 10/31, for a total of six missed doses out of 31 opportunities. Review of the resident's MAR, dated November 1 through November 12, 2025, showed:- Melatonin not administered due to being unavailable on 11/01, 11/02, and 11/03, for a</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>total of three missed doses out of 11 opportunities;- Ocuflax drops not administered due to being unavailable on 11/04 (two doses), for a total of two missed doses out of eight opportunities.3. Review of Resident #3's medical record showed:- An admission date of 05/26/23;- Diagnoses of retention of urine, insomnia, and chronic obstructive pulmonary disease (COPD - a progressive lung disease that makes breathing difficult). - An order for finasteride (medication for enlarged prostate), five mg, one tablet at bedtime for retention of urine, dated 05/26/23;- An order for melatonin, three mg, one tablet at bedtime for insomnia, dated 05/06/23;Review of the resident's MAR, dated August 2025, showed:- Finasteride not administered due to being unavailable on 08/08, for a total of one missed dose out of 31 opportunities;- Melatonin not administered due to being unavailable on 08/17/25, for a total of one missed dose out of 31 opportunities.Review of the resident's MAR, dated October 2025, showed:- Melatonin not administered due to being unavailable on 10/26, 10/27, 10/28, 10/29, 10/30, and 10/31, for a total of six missed doses out of 31 opportunities.Review of the resident's MAR, dated November 1 through November 12, 2025, showed:- Melatonin not administered due to being unavailable on 11/01, 11/02, and 11/03, for a total of three missed doses out of 11 opportunities.4. Review of Resident #4's medical record showed:- An admission date of 02/15/24;- Diagnoses of stroke, severe major depressive disorder with psychotic features, and chronic pain;- An order for duloxetine (antidepressant), 60 mg, two capsules orally once a day for severe major depressive disorder with psychotic features, dated 03/23/25.Review of the resident's MAR, dated October 2025, showed:- Duloxetine not administered due to being unavailable on 10/24, 10/25, 10/26, and 10/27, for a total of four missed doses out of 31 opportunities.During an interview on 11/12/25 at 11:30 A.M., the resident said he/she can't remember what kind of medication issues he/she brought up in the September Resident Council meeting and can't remember if there have been any medication issues. He/She thinks he/she is getting all his/her medications.5. Review of Resident #5's medical record showed:- An admission date of 11/06/25;- Diagnoses of peripheral vascular disease, embolism and thrombosis of arteries of the extremities, and schizophrenia;- An order for cilostazol, 50 mg, one tablet orally twice a day for embolism and thrombosis of arteries of extremities, dated 11/06/25;- An order for trihexyphenidyl, five mg, one tablet twice a day for schizophrenia, dated 11/06/25.Review of the resident's MAR, dated November 2025, showed:- Cilostazol not administered due to being unavailable on 11/06 and 11/07 (two doses), for a total of three missed doses out of 12 opportunities;- Trihexyphenidyl not administered due to being unavailable on 11/06 and 11/07 (two doses), for a total of three missed doses out of 12 opportunities.6. Review of Resident #6's medical record showed:- An admission date of 12/26/22;- Diagnoses of vitamin deficiency, dementia, and low back pain;- An order for Vitamin D3, 25 mcg, one tablet once a day for vitamin deficiency, dated 11/01/22.Review of the resident's MAR, dated September 2025, showed:- Vitamin D3 not administered due to being unavailable on 09/30, for a total of one missed dose out of 30 opportunities.Review of the resident's MAR, dated October 2025, showed:- Vitamin D3 not administered due to being unavailable on 10/01 and 10/02, for a total of two missed doses out of 30 opportunities.During an interview on 11/12/25 at 12:45 P.M., the resident said he/she could not remember what medication questions he/she brought up at the September Resident Council meeting. He/She gets his/her medications when they have a notion to give them to him/her. During an interview on 11/12/25 at 11:53 A.M., Certified Medication Technician (CMT) A said there are no real issues with running out of medications. The only issues he/she could think of would be with pain medications and getting scripts signed by the doctor. They have everything else, and they have an e-kit.During an interview on 11/12/25 at 12:30 P.M., Registered Nurse (RN) B and RN C both said if medications aren't in the cart, they have a stat kit they can pull from, and then they would order it from pharmacy.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Nurses and CMTs who give medications can hit the resupply button on their computer to reorder a medication. The pharmacy is linked to the electronic health record (EHR), so it goes to the pharmacy and gets reordered. They aren't aware of any issues of running out of medication. They don't ever use one resident's medication for another resident who is out of a medication, and they aren't aware of any CMTs doing it either. During an interview on 11/12/25 at 12:40 P.M., the Director of Nursing (DON) said she runs a report daily that tells her what meds are not available, and she will find out why the meds aren't there or didn't come from pharmacy. For narcotics, sometimes they're waiting on a script from a physician. Some physicians take longer than others to sign a script. We have a stat safe that she will do an inventory of, and the stat safe communicates with pharmacy. We recently had a resident that missed a couple doses. We don't borrow medications from another resident when one resident is out. Meds can be ordered from the MAR. Controlled medications have to be ordered from the pharmacy website, and all nurses have access to do that. If they order a medication and it's too soon, pharmacy will fax them to let them know it's too soon. Pharmacy comes daily around 8:00 to 8:30 in the evening every day except Sunday. CMTs and nurses get training about reordering medications. We just had an in service about this. During an interview on 11/12/25 at 2:34 P.M., the Administrator said five days before residents are out of medications, med techs or nurses can scan and reorder. If they don't have a med in the cart, they should check overflow first and the e-kit. If it's too soon to order, the pharmacy will send a note. There are no issues that she's aware of and she hasn't heard of any in a long time. If a resident is out of an over-the-counter medication, they can run to the local pharmacy and get that. There shouldn't be any reason a resident would run out of medications. She isn't sure where the breakdown is, but she will figure it out. During an interview on 11/12/25 at 4:12 P.M., the Consultant Pharmacist said no one has talked to him about an issue, and he would be included on any kind of communication regarding medication issues. The administrator usually runs a report or has done so in the past to show which meds are unavailable. Complaint #2659480</p>		