

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265848	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER Communities of Wildwood Ranch		STREET ADDRESS, CITY, STATE, ZIP CODE 3222 South John Duffy Drive Joplin, MO 64804	

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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>Based on record review and interview, the facility failed to ensure all residents were free from unnecessary medications when staff administered blood pressure medication to one resident (Resident #22) when the resident's blood pressure was outside for the physician ordered parameters for administration.</p> <p>Review of the facility's policy titled Clinical Administering Medications, with a revised date of April 2019, showed the following:</p> <ul style="list-style-type: none"> -Medications are administered in a safe and timely manner, and as prescribed; -Medications are administered in accordance with prescriber orders; <p>-If a dosage is believed to be inappropriate or excessive for a resident, or a medication has been identified as having potential adverse consequences for the resident or is suspected of being associated with adverse consequences, the person preparing or administering the medication will contact the prescriber, the resident's attending physician, or the facility's medical director to discuss the concerns.</p> <p>1. Review of Resident #22's admission Record, located in the Profile tab of the electronic medical record (EMR), showed the following:</p> <ul style="list-style-type: none"> -admission date of 08/09/2; <p>-Diagnoses included personal history of transient ischemic attack (temporary interruption of blood flow to the brain) and cerebral infarction (ischemic stroke) without residual deficits, congestive heart failure (CHF - chronic condition where the heart muscle becomes weakened and cannot pump blood efficiently), unspecified atrial fibrillation (a heart rhythm disorder), and high blood pressure.</p> <p>Review of the resident's quarterly Minimum Data Set (MDS) assessment, located in the MDS tab in the EMR, with an Assessment Reference Date (ARD) of 01/25/25, showed the following:</p> <ul style="list-style-type: none"> -Resident had severe cognitive impairment; -Resident required substantial/maximal assistance for toileting, showering, dressing, and personal hygiene. <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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's EMR under Physician Orders, showed a physician order, dated 07/09/24, for hydralazine HCl (medication used to treat high blood pressure) oral tablet 50 milligrams (mg), administer one tablet by mouth two times a day for high blood pressure. Staff to hold medication if systolic blood pressure (SBP) was less than 110 millimeters of Mercury (mm/Hg).</p> <p>Review of the resident's December 2024 Medication Administration Record (MAR), located in the EMR Orders tab, showed the following:</p> <ul style="list-style-type: none"> -The physician order for hydralazine HCl oral tablet 50 mg, give one tablet by mouth two times a day for high blood pressure. -On 12/05/24, morning, staff administered the resident's hydralazine HCL. Staff noted the resident had a SBP of 108 mm/Hg. -On 12/05/24, evening, staff administered the resident's hydralazine HCL. Staff noted the resident had a SBP of 104 mm/Hg. -On 12/06/24, morning, staff administered the resident's hydralazine HCL. Staff noted the resident had a SBP of 104 mm/Hg. -On 12/20/24, morning, staff administered the resident's hydralazine HCL. Staff noted the resident had a SBP of 105 mm/Hg. <p>Review of the resident's January 2025 MAR, located in the EMR Orders tab, showed the following:</p> <ul style="list-style-type: none"> -The physician order for hydralazine HCl oral tablet 50 mg, give one tablet by mouth two times a day for high blood pressure. -On 01/01/25, morning, staff administered the resident's hydralazine HCL. Staff noted the resident had a SBP of 109 mm/Hg. -On 01/05/25, morning, staff administered the resident's hydralazine HCL. Staff noted the resident had a SBP of 109 mm/Hg. -On 01/05/25, evening, staff administered the resident's hydralazine HCL. Staff noted the resident had a SBP of 109 mm/Hg. -On 01/08/25, morning, staff administered the resident's hydralazine HCL. Staff noted the resident had a SBP of 104 mm/Hg. <p>Review of the February 2025 MAR, located in the EMR Orders tab, showed the following:</p> <ul style="list-style-type: none"> -The physician order for hydralazine HCl oral tablet 50 mg, give one tablet by mouth two times a day for high blood pressure. -On 02/01/25, evening, staff administered the resident's hydralazine HCL. Staff noted the resident had a SBP of 109 mm/Hg. <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-On 02/05/25, morning, staff administered the resident's hydralazine HCL. Staff noted the resident had a SBP of 96 mm/Hg.</p> <p>-On 02/07/25, morning, staff administered the resident's hydralazine HCL. Staff noted the resident had a SBP of 107 mm/Hg.</p> <p>-On 02/10/25, morning, staff administered the resident's hydralazine HCL. Staff noted the resident had a SBP of 105 mm/Hg.</p> <p>Review of the resident's Progress Note, located under the EMR Progress Notes tab, dated December 2024 to February 2025, showed staff did not document why the hydralazine HCl was administered with SBP below 110 mm/Hg.</p> <p>During an interview on 02/13/25, at 9:46 A.M., Certified Medicine Technician (CMT) 1 said he/she would get the resident's vitals and check the parameters that were on the medication list. If a resident's blood pressure was too high or too low, she would tell the nurse. The nurse would tell him/her if he/she should give blood pressure medication or not. CMT1 confirmed the resident had received hydralazine outside of the ordered parameters, and he/she had administered some of the doses. CMT1 said there was normally a spot in the progress note where he/she would document that the nurse said to give the medication outside parameters, and did not know why there was not a note. When he/she documented the blood pressures in the EMR it would tell him/her if it was outside the parameters. If the resident's SBP was below 110 mm/Hg the hydralazine should be held.</p> <p>During an interview on 02/13/25, at 10:07 A.M., Licensed Practical Nurse (LPN) 1 said if a resident required a blood pressure medication, he/she would check their pulse and blood pressure. If the blood pressure was outside of ordered parameters, they would follow the parameter order. LPN1 said if the blood pressure was below parameters he/she would hold the medication and then contact the doctor to notify them. He/she would then put in a progress note, which the Medical Director and Nurse Practitioner both read. Giving blood pressure medication below parameters could cause the resident's blood pressure to go lower.</p> <p>During a concurrent interview on 02/13/25, at 1:17 A.M. with the Administrator, Director of Nursing (DON), and Regional Nurse Consultant showed they said if a resident's blood pressure was outside of ordered parameters, the ordered blood pressure medication should not be given. The DON said the staff would usually notify the Medical Director or Nurse Practitioner. The DON stated that the only reason to give the medication outside of parameters was if the physician had been contacted, which would then be documented. The DON said if a medication had been held below a parameter it would be on the 24-hour report.</p>