

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265876	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Arrowhead Senior Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE 6100 Arrowhead Drive Osage Beach, MO 65065	
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>48982</p> <p>Based on observation, interview, and record review, facility staff failed to reconcile narcotics at the change of shift when the medication cart changed from one staff member to another, and to ensure medications were secured. The facility census was 46.</p> <p>1. Review of the facility's policy titled Controlled Medication Storage, dated 01/2021, showed the Director of Nursing (DON) and the consultant pharmacist maintain facility compliance with handling of controlled medications. The medication nurse on duty maintains possession of the key to the controlled medication storage areas. There should be a system of medications records that enables accurate reconciliation and accounting of controlled medications. At change of custody, a physical inventory of all controlled medications is conducted and documented by two licensed staff.</p> <p>2. Review of the facility's A Hall Nurse on-coming and off-going narcotic count sheets, dated 08/01/24 through 08/31/24, showed the narcotic count sheet:</p> <p>-On 08/02/24 at 7:00 A.M., and 7:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 08/03/24 at 7:00 A.M., and 7:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 08/07/24 at 7:00 A.M., and 7:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 08/09/24 at 7:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 08/10/24 at 7:00 A.M., did not contain two licensed staff signatures;</p> <p>-On 08/12/24 at 7:00 A.M., and 7:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 08/14/24 at 7:00 A.M., and 7:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 08/16/24 at 7:00 A.M., did not contain two licensed staff signatures;</p> <p>-On 08/17/24 at 7:00 A.M., and 7:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 08/18/24 at 7:00 A.M., and 7:00 P.M., did not contain two licensed staff signatures;</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
FORM CMS-2567 (02/99) Event ID: Facility ID: If continuation sheet Previous Versions Obsolete 265876 Page 1 of 10		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-On 08/19/24 at 7:00 A.M., and 7:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 08/20/24 at 7:00 A.M., and 7:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 08/21/24 at 7:00 A.M., and 7:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 08/25/24 at 7:00 A.M., and 7:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 08/26/24 at 7:00 A.M., and 7:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 08/28/24 at 7:00 A.M., and 7:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 08/30/24 at 7:00 A.M., and 7:00 P.M., did not contain two licensed staff signatures.</p> <p>Review of the facility's A hall Certified Medication Technician (CMT) on-coming and off-going narcotic count sheets, dated 08/01/24 through 08/31/24, showed the narcotic count sheet:</p> <p>-On 08/08/24 at 2:00 P.M., and 10:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 08/09/24 at 6:00 A.M., did not contain two licensed staff signatures;</p> <p>-On 08/09/24 at 2:00 P.M., and 10:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 08/10/24 at 6:00 A.M., did not contain two licensed staff signatures;</p> <p>-On 08/11/24 at 10:00 P.M., and 6:00 A.M., did not contain two licensed staff signatures;</p> <p>-On 08/12/24 at 2:00 P.M., and 10:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 08/14/24 at 6:00 A.M., did not contain two licensed staff signatures;</p> <p>-On 08/15/24 at 2:00 P.M., and 10:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 08/16/24 at 6:00 A.M., did not contain two licensed staff signatures;</p> <p>-On 08/18/24 at 2:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 08/25/24 at 6:00 A.M., and 2:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 08/25/24 at 2:00 P.M., and 10:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 08/29/24 at 6:00 A.M., and 2:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 08/29/24 at 6:00 A.M., and 2:00 P.M., did not contain two licensed staff signatures;</p> <p>-On 08/31/24 at 10:00 P.M., did not contain two licensed staff signatures.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the facility's B hall nurse on-coming and off-going narcotic count sheets, dated 08/01/24 through 08/31/24, showed the narcotic count sheet:</p> <ul style="list-style-type: none"> -On 08/02/24 at 7:00 A.M., and 7:00 P.M., did not contain two licensed staff signatures; -On 08/03/24 at 7:00 A.M., and 7:00 P.M., did not contain two licensed staff signatures; -On 08/04/24 at 7:00 P.M., did not contain two licensed staff signatures; -On 08/06/24 at 7:00 A.M., and 7:00 P.M., did not contain two licensed staff signatures; -On 08/07/24 at 7:00 A.M., and 7:00 P.M., did not contain two licensed staff signatures; -On 08/09/24 at 7:00 A.M., and 7:00 P.M., did not contain two licensed staff signatures; -On 08/17/24 at 7:00 A.M., and 7:00 P.M., did not contain two licensed staff signatures; -On 08/21/24 at 7:00 A.M., and 7:00 P.M., did not contain two licensed staff signatures; -On 08/23/24 at 7:00 A.M., and 7:00 P.M., did not contain two licensed staff signatures. <p>Review of the facility B hall CMT on-coming and off-going narcotic count sheets, dated 08/01/24 through 08/31/24, showed the narcotic count sheet:</p> <ul style="list-style-type: none"> -On 08/08/24 at 2:00 P.M., and 10:00 P.M., did not contain two licensed staff signatures; -On 08/09/24 at 2:00 P.M., and 10:00 P.M., did not contain two licensed staff signatures; -On 08/10/24 at 6:00 A.M., did not contain two licensed staff signatures; -On 08/11/24 at 6:00 A.M., did not contain two licensed staff signatures; -On 08/12/24 at 6:00 A.M., did not contain two licensed staff signatures; -On 08/12/24 at 2:00 P.M., and 10:00 P.M., did not contain two licensed staff signatures; -On 08/14/24 at 6:00 A.M., did not contain two licensed staff signatures; -On 08/15/24 at 2:00 P.M., and 10:00 P.M., did not contain two licensed staff signatures; -On 08/17/24 at 2:00 P.M., and 10:00 P.M., did not contain two licensed staff signatures; -On 08/25/24 at 2:00 P.M., did not contain two licensed staff signatures; -On 08/30/24 at 10:00 P.M., did not contain two licensed staff signatures; -On 08/31/24 at 10:00 P.M., and 6:00 A.M., did not contain two licensed staff signatures. <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Arrowhead Senior Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE 6100 Arrowhead Drive Osage Beach, MO 65065	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 10/09/24 at 9:40 A.M., Registered Nurse (RN) N said he/she is a charge nurse at the facility. RN N said two licensed staff are to count narcotics at the change of shift with the off-going and on-coming staff member to ensure there are no discrepancies.</p> <p>During an interview on 10/09/24 at 9:45 A.M., LPN E said he/she is a charge nurse at the facility and works all the halls. LPN E said narcotics are to be counted by two licensed staff at the change of each shift. LPN E said the staff counting should be the off-going and on-coming staff members. LPN E said this is done to ensure the narcotic count is correct before accepting the keys to the cart.</p> <p>During an interview on 10/09/24 at 9:50 A.M., RN A said he/she is a charge nurse at the facility. RN A said staff are expected to count narcotics at the change of shift or anytime there is a change of staff on the medication cart. RN A said two licensed staff should count the narcotics on the medication cart and sign the narcotic count log verifying the count is correct. RN A said the two licensed staff counting need to be the off-going and on-coming staff member.</p> <p>During an interview on 10/09/24 at 10:00 A.M., the Minimum Data Set (MDS) Coordinator said two licensed staff should count narcotics at each change of shift to ensure the count is correct and no discrepancies are found. The MDS Coordinator said the two staff counting should be the off-going and on-coming staff member accepting the keys to the medication cart. The MDS Coordinator said after the two licensed staff count, they are responsible to sign the narcotic count log, he/she said if something is not charted it was not done.</p> <p>During an interview on 10/09/24 at 10:20 A.M., the DON said he/she expects two licensed staff to count the narcotics on each medication cart at the change of shift, or if the keys for the cart change staff members. The DON said it is the licensed staff members responsibility to count and sign the narcotic count log verifying the count. The DON said he/she is responsible to over see the floor staff and ensure staff are doing their jobs correctly. The DON said when two licensed staff count it should be the off-going and on-coming staff member counting. The DON said he/she has educated staff previously on counting each shift and ensuring the narcotic count log is signed at the time of the count. The DON said he/she can't verify a narcotic count had been completed on the dates the narcotic log is not signed by two licensed staff members.</p> <p>During an interview on 10/09/24 at 10:25 A.M., the administrator said he/she expects two licensed staff to count at the change of shift or change of cart assignment and sign the logs. The Administrator said it should be the off-going and on-coming licensed staff counting. The Administrator said staff are responsible to complete the narcotic counts.</p> <p>During an interview on 10/09/24 at 12:35 P.M., Certified Medication Technician (CMT) M said licensed staff are responsible to count the narcotics on a medication cart before staff change the keys from one staff member to another. CMT M said the cart should be counted by the off-going and on-coming staff member at the change of shift, or anytime the medication cart changes staff hands. CMT M said once staff count they are responsible to sign the narcotic count log to verify the count was completed. CMT M said if something is not documented there is no proof it is done.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265876	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Arrowhead Senior Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE 6100 Arrowhead Drive Osage Beach, MO 65065	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 10/09/24 at 12:47 P.M., CMT L said licensed staff are responsible to count the narcotics on a medication cart before staff change the keys from one staff member to another. CMT L said the cart should be counted by the off-going and on-coming staff member and sign the narcotic count log to verify the count was completed. CMT L said if something is not documented there is no proof it is done.		