

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/09/2023
NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	

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 0550</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32530</p> <p>Refer to ZNHX12.</p> <p>Based on interview and record review, the facility failed to ensure three confidential residents (Resident #700, #800 and #900), in a review 24 residents, felt like they could voice concerns to staff or the state agency (SA) without fear of retaliation from staff members. The facility also failed to ensure staff treated residents with dignity and respect for one resident (Residents #10) when staff failed to assist the resident up from a fall mat. The facility census was 70.</p> <p>Review of the facility's policy, Resident Rights, revised December 2016 showed the following:</p> <ul style="list-style-type: none"> <li>-Employees shall treat all residents with kindness, respect and dignity;</li> <li>-Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to voice grievances to the facility, or other agency that hears grievances, without discrimination or reprisal and without fear of discrimination or reprisal, and to communicate with outside agencies (e.g. state surveyors) regarding any matter.</li> </ul> <p>Review of the facility's policy, Resident and Family Grievances, dated 9/2/22, showed the following:</p> <ul style="list-style-type: none"> <li>-The facility would support each resident's right to voice grievances without discrimination, reprisal or fear of discrimination or reprisal;</li> <li>-The facility would not retaliate or discriminate against anyone who filed a grievance or participated in investigation of grievances.</li> </ul> <p>Review of the facility policy, Promoting/Maintaining Resident Dignity, revised 09/01/22, showed the following:</p> <ul style="list-style-type: none"> <li>-It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances resident's quality of life by recognizing each resident' individuality;</li> <li>-When interacting with a resident, pay attention to the resident as an individual;</li> </ul> <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/09/2023
NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	
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 0550</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>- Respond to requests for assistance in a timely manner.</p> <p>1. Review of confidential Resident #900's face sheet showed the resident was his/her own responsible party.</p> <p>Review of the resident's comprehensive Minimum Data Set (MDS), a federally mandated assessment required to be completed by facility staff, showed the following:</p> <p>-Adequate hearing and clear speech;</p> <p>-Able to make self understood and able to understand others;</p> <p>-Cognitively intact.</p> <p>During a confidential interview on 11/6/23 at 1:00 P.M., the resident said the following:</p> <p>-Staff do not come in and take care of him/her when he/she needed help;</p> <p>-He/She has complained to the management staff about the lack of response to his/her call light, and then the staff will take even more time to answer the call light. He/She has waited up to an hour for staff to come in and assist him/her;</p> <p>-He/She feels that staff will punish him/her for talking with the State Agency (SA) and the staff will take longer to answer the call light or refuse to give him/her medication;</p> <p>-He/She has tried to voice his/her concerns to management, but feels that nothing is done about these concerns and then staff will ignore him/her when he/she needs help;</p> <p>-He/She has filed grievances, but has not received any resolution to his/her grievances;</p> <p>-He/She needs help to get in and out of bed at times and help to use the bathroom. When he/she has complained about staff members to management, these staff members will then ignore him/her and refuse to help him/her. He/She has been told (specified staff member), if he/she talks with the SA or calls the abuse and neglect hotline, that he/she can look for another place to live.</p> <p>2. Review of confidential Resident #700's face sheet showed the resident was his/her own responsible party.</p> <p>Review of the resident's quarterly MDS showed the following:</p> <p>-Adequate hearing and clear speech;</p> <p>-Ability to make self understood and understands others;</p> <p>-Cognitively intact.</p> <p>During a confidential interview on 11/07/23 at 7:30 A.M., the resident said the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/09/2023
NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	
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 0550</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She feared repercussions from staff simply for talking to the SA;</p> <p>-He/She felt like the repercussions would be that staff would ignore him/her more than they already do, and that it will take a really long time to answer his/her call light now, longer than usual which was at times a really long time.</p> <p>3. Review of confidential Resident #800's face sheet showed the resident was his/her own responsible party.</p> <p>Review of the resident's quarterly MDS showed the following:</p> <p>-Adequate hearing and clear speech;</p> <p>-Ability to make self understood and understood others;</p> <p>-Cognitively intact.</p> <p>During a confidential interview on 11/6/23 at 1:36 P.M., the resident said the following:</p> <p>-He/She would not complain due to real fear of retaliation from staff;</p> <p>-The retaliation was real, the resident would not explain, but turned his/her head away and would not talk further.</p> <p>4. Review of Resident #10's face sheet showed an admitted [DATE].</p> <p>Review of the resident's quarterly minimum data set (MDS), a federally mandated assessment instrument to be completed by the facility, dated 9/25/23, showed the following:</p> <p>-Cognitively impaired;</p> <p>-Understood others and able to make others understand;</p> <p>-No behaviors or rejection of care;</p> <p>-Dependent on staff for bed mobility;</p> <p>-No falls in the last month prior to admission;</p> <p>-One non-injury and one injury fall since admission or prior assessment.</p> <p>Review of the resident's fall risk assessment, dated 10/30/23, showed he/she had had two falls in the last 30 days and was high risk for falls.</p> <p>Review of the resident's care plan, last revised on 10/30/23, showed the following:</p> <p>-History of traumatic event;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/09/2023
NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	
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 0550</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Further traumatization will be avoided;</p> <p>-Required assist of one staff for activities of daily living (ADL), including transfers;</p> <p>-Dependent on staff for meeting emotional, intellectual, physical and social needs;</p> <p>-Increased risk for falls due to impaired mobility and will throw self on the floor due to having a difficult time making needs known;</p> <p>-Low bed;</p> <p>-Fall mattress/mat next to bed when in bed;</p> <p>-Resident required prompt response to all requests for assistance.</p> <p>Review of a video/audio recording (received anonymously), date stamped 10/31/23, showed the following:</p> <p>-On 10/31/23 at 4:20 A.M., Resident #10 was observed on the floor by a confidential resident. Resident #10 can be heard saying, Can you help me get back into the bed, I rolled off the bed. Can you help me;</p> <p>-On 10/31/23 at 4:29 A.M., a video of a hallway with a male voice, repeatedly yelling out for help;</p> <p>-On 10/31/23 at 4:33 A.M., a female staff member observed standing at the doorway of Resident #10 and saying, I need you to stay on the mat and be quiet; the staff member was identified as Certified Nurse Assistant (CNA) H by a confidential resident.</p> <p>During an interview on 11/8/23 at 11:00 A.M., the resident said the following:</p> <p>-In the last two weeks, he/she fell out of bed, yelled for help and when unidentified staff initially arrived, they told him/her to be quiet and stay on the mat. He/She asked for help to get back into bed and the same unidentified staff refused to assist him/her. This made him/her feel helpless and upset.</p> <p>During interview on 11/7/2023 at 2:15 P.M. CNA H said the following:</p> <p>-He/She did not necessarily recall the resident being on the floor the night of 10/30/23 or early morning of 10/31/23 as he/she was not assigned that hall, however the resident is always on the mat;</p> <p>-He/She did not tell the resident to be quiet or that he/she would have to stay on the mat.</p> <p>During an interview on 11/9/23 at 1:00 P.M. and 1:20 P.M., the Director of Nursing said the following:</p> <p>-She would not expect staff to ignore a resident's call light or request for help. She would expect staff to assist the residents when they request help;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/09/2023
NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	

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 0550</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Residents should not fear retaliation for voicing concerns or complaints.</p> <p>-She would expect staff to respond to resident's needs promptly;</p> <p>-She would not expect staff to tell a resident to be quiet, stay on the fall mat and then leave without assisting them back to bed, and had not heard of that happening;</p> <p>-It would be a dignity/respect issue if staff told a resident to be quiet, left them wet for extended periods of time or did not answer call lights timely.</p> <p>During an interview on 11/9/23 at 1:10 P.M., the Administrator said the following:</p> <p>-Residents should not fear any retaliation against them if they brought any concerns to any staff members;</p> <p>-He would find it unacceptable for any staff member to retaliate against a resident for voicing concerns.</p> <p>MO225143</p> <p>MO227066</p> <p>MO226198</p> <p>MO226300</p> <p>MO226124</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/09/2023
NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32530</p> <p>Refer to ZNHX12.</p> <p>Based on observation, interview and record review, the facility failed to provide care and supervision in a safe manner for three residents (Resident #5, #6, and #15) in a review of 24 sampled residents. When providing incontinence care for Resident #6, staff failed to ensure proper and safe positioning at all times that resulted in the resident being pushed too far toward to the edge of the bed and fell out of bed sustaining an injury requiring care at the emergency room . Staff also failed to ensure the resident's air loss mattress was at the correct setting for the resident's weight. Additionally, facility staff failed to properly transfer Resident #5 during a Hoyer (a mechanical lift used to transfer a resident from one surface to another) lift transfer by transferring the resident with only one staff member. The facility failed to provide adequate supervision and monitoring for Resident #15, who resided on a locked dementia unit and was on a pureed diet, when staff placed a peanut butter and jelly sandwich down on a table near the resident. The resident picked the sandwich up and ate it without staff knowledge. The facility census was 70.</p> <p>1. During email communication on 11/28/23, at 12:49 P.M., the facility administrator said the facility did not have a Low-Air Loss mattress policy.</p> <p>Review of the undated operation manual for the Proactive medical product, Protekt Aire 6000 mattress, showed the following:</p> <ul style="list-style-type: none"> <li>-The Protekt Aire 6000 pump and mattress are intended to reduce the incidence of pressure ulcers while optimizing comfort;</li> <li>-Pressure range is 20 - 55mmHg adjustable and should be selected by a using the person's weight guide listed on the panel providing pressure range options;</li> <li>-Weight range option settings are: 80 pounds, 130 pounds, 180 pounds, 230 pounds, 280 pounds, 340 pounds, 400 pounds and 450 pounds.</li> </ul> <p>Review of Resident #6's face sheet showed diagnoses included morbid obesity (a condition when weight exceeds 100 pounds over recommended weight) and muscle weakness.</p> <p>Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 10/03/23, showed the following:</p> <ul style="list-style-type: none"> <li>-Adequate hearing, clear speech, makes self understood and understands others;</li> <li>-Cognitively intact;</li> <li>-No mobility impairment;</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/09/2023
NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Toileting hygiene, dependent (helper does all of the effort, resident does none of the effort to complete the activity);</p> <p>-Mobility: roll left and right, substantial/maximum assist;</p> <p>-Bed rails not used.</p> <p>Review of the resident's progress notes showed staff documented the following:</p> <p>-On 10/28/23 at 2:17 A.M., staff documented at 2:00 A.M., Certified nursing assistant (CNA) B went to the resident's room to answer the call light. The resident needed to use the bed pan. When the resident finished with bed pan, he/she activated call light and CNA B went to the resident's room to remove the resident from the bed pan. In the process of cleaning the resident, the resident pushed himself/herself toward the edge of the bed whereby CNA B was telling the resident not to move too far toward the edge of bed but the resident was not listening. In the process, the resident slid out of the bed and CNA B tried to pull the resident back in the bed with linen, but the resident lost balance and fell where he/she hurt his/her scalp and had a laceration. CNA B asked Licensed Practical Nurse (LPN) C to come to the resident's room due to a fall. LPN C found the resident bleeding from his/her head, cleansed the resident's head and put a pressure dressing on the injury to stop the bleeding. Assessment revealed no injuries to legs or feet, two lacerations on nose and head. The resident was transferred back to bed via Hoyer lift (a mechanical lift used to transfer a resident from one surface to another) and the physician was called with an order to send to the emergency room for evaluation;</p> <p>-On 10/28/23 at 9:15 A.M., the resident returned from the emergency room with sutures to his/her forehead and a brace to his/her right hand to be worn while awake and remove while sleeping.</p> <p>Review of the resident's emergency room records, dated 10/28/23, documented the resident's assessment showed tenderness over his/her right clavicle (collarbone), pain at the base of his/her right thumb, a four centimeter laceration between his/her eyebrows, a one centimeter laceration on the bridge of his/her nose.</p> <p>Review of the resident's care plan, revised 10/21/23, showed the following:</p> <p>-At risk for falls;</p> <p>-Goal: will not sustain serious injury through the review date;</p> <p>-Resident had a fall on 10/28/23 at 2:07 A.M. and went to emergency room due to head laceration, has sutures in his/her forehead and two black eyes;</p> <p>-Anticipate and meet the resident's needs;</p> <p>-Resident has an activity of daily living (ADL) self-care performance deficit, is obese and weak;</p> <p>-Bed mobility assist times one to two;</p> <p>-Toilet use: change in bed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/09/2023
NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Personal hygiene assist as needed with one to two staff.</p> <p>Review of the resident's November 2023 physician order sheet showed the following:</p> <p>-May have brace on right hand while awake and remove while sleeping with a start date of 10/28/23;</p> <p>-Remove sutures to forehead in 10 days with a start date of 10/28/23.</p> <p>Observation on 11/07/23 at 6:30 A.M., showed the following:</p> <p>-The resident lay awake in his/her bed;</p> <p>-The resident had purple and yellow bruising below both eyes:</p> <p>-A healing laceration was noted on the bridge of his/her nose and on his/her forehead between his/her eye brows;</p> <p>-The resident was wearing a splint on his/her right hand/thumb;</p> <p>-Low air loss mattress at alternating setting, set at 450 pounds (residents documented weight in his/her electronic health record was 269 pounds).</p> <p>Observation on 11/07/23 at 9:15 A.M., showed the resident lay awake in bed with the low air loss mattress at alternating setting, set at 450 pounds.</p> <p>During interviews on 11/07/23 at 6:30 A.M. and 9:15 A.M., the resident said the following:</p> <p>-The day he/she fell out of bed, CNA B was cleaning him/her up after having to use the bed pan;</p> <p>-CNA B had his/her hand on the resident's right hip and was looking at the resident's bottom to see if he/she had cleaned everything ok;</p> <p>-CNA B pushed his/her bottom too far and he/she fell out of bed;</p> <p>-He/She was sent to the emergency room for stitches and x-rays;</p> <p>-The hospital told him/her that he/she had a broken nose, but did not break his/her thumb;</p> <p>-He/She had black eyes since the fall;</p> <p>-He/She got a new bed that had side rails on them after he/she fell ;</p> <p>-His/Her mattress was pretty firm and could be softer;</p> <p>-When he/she got too close to the edge of the mattress the edge crumpled.</p> <p>During an interview on 11/07/23 at 2:50 P.M. and 11/20/23 at 3:40 P.M., CNA B said the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/09/2023
NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-He/She cared for Resident #6 on the night he/she fell out of bed;</p> <p>-The resident asked to use the bedpan and he/she placed the resident on the bed pan;</p> <p>-After the resident was finished, he/she removed the resident from the bed pan;</p> <p>-After providing incontinence care, he/she applied barrier cream on the resident's buttocks;</p> <p>-The resident kept moving toward the edge of the bed on the left side;</p> <p>-He/She asked the resident to stop moving toward the edge of the bed, but he/she continued to move and started to slide out of the bed;</p> <p>-He/She used the turn sheet to attempt to reposition the resident and stop him/her from sliding, but the resident fell out of bed;</p> <p>-When the resident fell to the floor, he/she noticed there was blood on the resident's face;</p> <p>-He/She got the nurse to provide care and the resident was sent to the hospital;</p> <p>-If two staff had provided incontinent care for the resident, he/she would not have fallen out of bed.</p> <p>During an interview on 11/07/23, at 2:56 P.M., LPN C said the following:</p> <p>-He/She was the charge nurse for the resident the night he/she fell out of bed;</p> <p>-CNA B reported the resident had pushed against CNA B when providing care and started to slide toward the edge of the bed;</p> <p>-The resident slid out of the bed and fell to the floor;</p> <p>-The resident received a laceration to his/her scalp and nose and was sent to the emergency room for treatment;</p> <p>-Side rails were applied to the resident's bed after the fall;</p> <p>-The resident had a low air loss mattress due to skin breakdown in the past;</p> <p>-The air mattress should be set to the resident's weight;</p> <p>-Anyone can check to make sure the setting on the air mattress is correct, all nurses should check that;</p> <p>-If the air mattress was set too high it could have been a factor in the fall.</p> <p>Observation on 11/08/23 at 9:12 A.M., showed the resident lay awake in bed with the low air loss mattress at alternating setting, set at 450 pounds.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/09/2023
NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/7/23 at 10:30 A.M. and 11:00 A.M., 11/8/23 at 1:20 P.M. and 11/21/23 at 10:49 A.M., the Director of Nursing (DON) said the following:</p> <ul style="list-style-type: none"> <li>-Resident #6 was sent to the hospital during the night shift after a fall from his/her bed during incontinence care and received two lacerations;</li> <li>-The wound care nurse and central supply is in charge of checking the air mattresses to make sure the setting are correct, but any nurse should also monitor to make sure settings are correct;</li> <li>-If the air mattress was at maximum fill at 450 pounds, that could have been a potential factor in Resident #6 falling out of bed;</li> <li>-She would have expected CNA B to stop the incontinence care/repositioning and get additional help for Resident #6 when the resident began pushing himself/herself toward the edge of the bed and when CNA B was telling the resident not to move too far toward the edge of bed and the resident was not listening;</li> <li>-There was adequate staff the night of Resident #6's fall out of bed to provide two people for the resident's care.</li> </ul> <p>2. Review of the facility policy titled, Meal Supervision and Assistance, last revised January 2023, showed the following:</p> <ul style="list-style-type: none"> <li>-Policy: The resident will be prepared for a well-balanced meal in a calm environment, location of his/ her preference and with adequate supervision and assistance to prevent accidents. This included identifying hazard(s) and risk(s), evaluating and analyzing hazard(s) and risk(s), implementing interventions to reduce hazard(s) and risk(s) and monitoring for effectiveness and modifying interventions when necessary;</li> <li>-Supervision/Adequate Supervision refers to an intervention and means of mitigating the risk of an accident. Facilities are obligated to provide adequate supervision to prevent accidents. Adequate supervision is determined by assessing the appropriate level and number of staff required, the competency and training of the staff and the frequency of supervision needed. This determination is based on the individual resident's assessed needs and identified hazards in the resident' environment. Adequate supervision may vary from resident to resident and from time to time for the same resident;</li> <li>-The facility will utilize a systemic approach to ensure safety throughout the resident's environment and among all staff;</li> <li>-The facility will develop and implement an individualized care plan based on the Resident Assessment Instrument (RAI) to address the resident's needs and goals, and to monitor the results of the planned interventions such as adequate supervision during meal time.</li> </ul> <p>Review of Resident #15's comprehensive MDS, dated [DATE], showed:</p> <ul style="list-style-type: none"> <li>-admitted to the facility on [DATE];</li> <li>-Difficulty making self understood and sometimes understands others;</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/09/2023
NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Unable to make decisions;</p> <p>-Requires limited assistance with ADL's and feeding;</p> <p>-Diagnoses of stroke and dementia;</p> <p>-No swallow disorder and no speech therapy marked;</p> <p>-Alteration in diet left blank.</p> <p>Review of the registered dietician progress note, dated 9/19/23, showed the resident was on a pureed diet.</p> <p>Review of the resident's care plan, dated 10/11/23, showed no care plan for nutrition, the resident's diet, or swallow problems.</p> <p>Review of the resident's physician's order sheet, dated 11/2023, showed an order for a pureed diet.</p> <p>Observation on 11/6/23 at 12:43 P.M., showed:</p> <p>-Resident #15 sat at a table in the dining room on the locked dementia unit;</p> <p>-The resident was served a tray of pureed food;</p> <p>-The resident said the food was terrible and ate the pudding;</p> <p>-Another resident said that he/she was still hungry.</p> <p>During an interview on 11/6/23 at 12:45 P.M., CNA M said:</p> <p>-Resident #15 does not like the pureed food;</p> <p>-He/She does not know why the resident was on a pureed diet, but he/she was not suppose to have solid food.</p> <p>Observation on 11/6/23 at 12:50 P.M. showed:</p> <p>-CNA M went to the kitchen and returned with two peanut butter and jelly sandwiches wrapped in plastic wrap;</p> <p>-CNA M placed one wrapped sandwich on the table, where Resident #15 sat; the sandwich was within the resident's reach; CNA M unwrapped the second sandwich and handed it to another resident;</p> <p>-Resident #15 picked up the wrapped sandwich, removed the plastic wrap and began to eat the sandwich;</p> <p>-CNA M and Registered Nurse (RN) A stood in the dining room where Resident #15 sat and ate the sandwich;</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/09/2023
NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Neither CNA M or RN A noticed the resident had eaten the sandwich.</p> <p>During an interview on 11/7/23 at 10:45 A.M., CNA M said:</p> <p>-The resident was on a pureed diet and was to be monitored closely for taking food and choking. Staff are to observe the resident closely;</p> <p>-He/She was unaware the resident ate the peanut butter and jelly sandwich; he/she wondered what had happened to the sandwich and why there was plastic wrap on his/her tray.</p> <p>During an interview on 11/7/23 at 7:00 A.M., Registered Nurse (RN) A said:</p> <p>-He/She was unaware the resident ate a peanut butter and jelly sandwich;</p> <p>-The resident was on a pureed diet;</p> <p>-The resident was not safe to eat regular food; he/she could have choked.</p> <p>During an interview on 11/7/23 at 10:30 A.M. the DON said:</p> <p>-Resident #15 has a diagnosis of dysphagia (difficulty swallowing; Some people with dysphagia have problems swallowing certain foods or liquids, while others can't swallow at all) with oropharyngeal dysphagia (difficulty initiating a swallow);</p> <p>-Resident #15 should be monitored closely because he/she does not like the pureed food and will take food off other resident's trays;</p> <p>-Staff should monitor the residents and ensure they eat foods that are ordered for them.</p> <p>3. Review of Resident #5's care plan, last revised 2/1/23, showed the following:</p> <p>-He/She had an ADL self-care performance deficit related to his/her diagnosis of Friedreich's ataxia (an inherited disorder that affects some of the body's nerves);</p> <p>-He/She required assistance of two with Hoyer lift transfers.</p> <p>Review of the resident's physician's orders, dated November 2023, showed an order for Hoyer lift assist of two for all transfers (2/1/23).</p> <p>During an interview on 11/7/23 at 6:00 A.M., CNA J said the resident should be a two person transfer with a Hoyer lift, but he/she transferred the resident with only one person because the resident was so small. Technically he/she was supposed to use two staff for Hoyer transfers.</p> <p>During an interview on 11/7/23 at 10:30 A.M. and 11:00 A.M., 11/8/23 at 1:20 P.M. and 11/21/23 at 10:49 A.M., the DON said the following:</p> <p>-Under no circumstances should a Hoyer lift transfer be completed with only one staff. She expected all Hoyer lift transfers be completed with two staff.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/09/2023
NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	

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 0689	MO226653
Level of Harm - Actual harm	MO227065
Residents Affected - Few	MO226124

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/09/2023
NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>32530</p> <p>Refer to ZNHX12.</p> <p>Based on interview and record review, the facility failed to ensure adequate staffing to provide resident care and protective oversight for residents in the facility. The facility's assessment showed the number of residents the facility was licensed to provide care for was 180 with an average daily census range of 70-80. The staffing plan showed the average number of licensed nurses providing direct care was three to four and the average number of nurse aides was between 5-10. The facility failed to provide the staff that their facility assessment indicated was necessary from 11/5/23 at 11:00 P.M. to 11/6/23 at 3:52 A.M. when there were three staff caring for 71 residents. Interviews with various staff said it was difficult to adequately provide care, including answering call lights timely, with the amount of staff they had and there was not enough staff to cover call-ins. Interviews and review of anonymously provided videos showed staff sleeping while on duty and the only care staff responsible for certain areas of the facility. The census was 70.</p> <p>Review of the facility's policy, Nursing Services and Sufficient Staff, dated 9/1/21, showed the following:</p> <p>-It is the policy of this facility to provide sufficient staff with appropriate competencies and skill sets to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. The facility's census, acuity and diagnoses of the resident population will be considered based on the facility assessment;</p> <p>-The facility will supply services by sufficient numbers of each of the following personnel types on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans-except when waived, licensed nurses and other nursing personnel, including but not limited to nurse aides.</p> <p>1. Review of the facility assessment, last updated on 5/31/23, showed the following:</p> <p>-Number of residents the facility was licensed to provide care for was 180;</p> <p>-Average daily census range was 70-80;</p> <p>-Staffing plan showed the average number of licensed nurses providing direct care was three to four and the average number of nurses aides was between 5-10 (the assessment did not indicate if this was per shift or per day).</p> <p>Review of the facility's staffing sheet, dated 11/5/23, showed the following:</p> <p>-The facility's census was 71.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/09/2023
NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Staff scheduled to work from 11:00 P.M. to 7:00 A.M. included Licensed Practical Nurse (LPN) L, Registered Nurse (RN) K, Certified Nurse Assistant (CNA) M, Certified Medication Technician (CMT) N, CNA B and CNA J;</p> <p>-CMT N's name was circled and the word late was written beside his/her name;</p> <p>-CNA B's name was circled and crossed out with the letters WNBI (will not be in) written beside his/her name;</p> <p>-CNA J would be arriving at 4:00 A.M.</p> <p>Review of the facility's time card punches, dated 11/5/23, showed the following:</p> <p>-LPN L worked from 3:00 P.M. (11/5/23) until 10:11 A.M. (11/6/23);</p> <p>-RN K worked from 10:41 P.M. (11/5/23) until 7:25 A.M. (11/6/23);</p> <p>-CNA M worked from 10:33 P.M. (11/5/23) until 11:41 A.M. (11/6/23);</p> <p>-CNA J worked from 3:52 A.M. (11/6/23) until 2:06 P.M.;</p> <p>-CNA B did clock in or out on;</p> <p>-CMT N clocked out at 10:54 P.M. and did not clock back in.</p> <p>-From 11/5/23 at 11:00 P.M. to 11/6/23 at 3:52 A.M., there were three staff caring for 71 residents.</p> <p>During an interview on 11/7/23 at 5:00 A.M., CNA J said on Sunday, 11/5/23, he/she was the only CNA for A, C, and D halls. There was another CNA back on Freedom hall (a locked, secured dementia unit). He/She did not get to the facility until after 3:00 A.M. and had picked up this shift as extra.</p> <p>2. Review of a video/audio recording (received anonymously), date stamped 10/31/23, showed the following:</p> <p>-On 10/30/23 at 10:45 P.M., a person appeared asleep in a chair in the dining room. The person was identified as CNA B by a confidential resident;</p> <p>-On 10/31/23 at 4:20 A.M., a person sitting in a chair in the dining room and appeared to be asleep. The person was identified as CNA H by a confidential resident.</p> <p>Review of the staffing schedule for 10/30/23 for the 11:00 P.M. to 7:30 A.M. (10/31/23) shift showed CNA B was the only CNA assigned to the C hall and he/she also split the D hall with another staff member.</p> <p>Review of the staffing schedule for 10/31/23 for the 11:00 P.M. to 7:30 A.M. (11/1/23) shift showed CNA H was the only CNA assigned to the A hall.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/09/2023
NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 11/7/23 at 3:09 P.M. and 11/8/23 at 3:08 P.M., CNA B said the following:</p> <ul style="list-style-type: none"> <li>-On 10/30/23, he/she worked the evening and the midnight shift;</li> <li>-He/She worked until 7:30 A.M. on 10/31/23;</li> <li>-Staff are not allowed to sleep while at work unless they are on their breaks;</li> <li>-He/She has seen staff sleeping. One night a staff member went to their car for their break and fell asleep. The administrator came in early and brought the staff member back into the facility;</li> <li>-He/She has been told that staff cannot sleep on their breaks. Staff will go to their cars for their breaks and sleep;</li> <li>-He/She denied sleeping while on duty.</li> </ul> <p>During an interview on 11/7/23 at 5:21 A.M., Licensed Practical Nurse (LPN) C said the following:</p> <ul style="list-style-type: none"> <li>-He/She recently had two CNAs having difficulty staying awake on the midnight shift;</li> <li>-The administrator came in and caught them sleeping;</li> <li>-The Director of Nursing (DON) removed them from the midnight shift.</li> </ul> <p>During an interview on 11/7/23 at 5:30 A.M., Registered Nurse (RN) A said there were times he/she could not locate a CNA and had found CNAs asleep in the past.</p> <p>During an interview on 11/8/23 at 3:08 P.M. CNA B said the census was going down, so management staff was cutting staff and staff were leaving. There was no one to pick up the shifts.</p> <p>During an interview on 11/7/23 at 5:21 A.M. LPN C said there are some nights when there are only a couple of CNA's and two nurses for the entire facility.</p> <p>During an interview on 11/7/23 at 5:30 A.M., RN A said three CNAs at night was not enough staff to adequately provide resident care and it was not possible to answer call lights quickly. CNAs would come to work late because they forgot they had to work which would cause him/her to be late with his/her tasks (medications and treatments) because he/she would have to cover the late CNAs tasks as well as his/hers. Administration has been made aware, but nothing has been done to correct staffing concerns.</p> <p>During an interview on 11/8/23 at 10:24 A.M., RN K said on 11/5/23 there was a staffing problem. A lot of the staff would not show up and the charge nurses would have to provide resident care. If nurses were at the end of A hall, a call light could not be seen and/or heard that was going off on D hall, which causes the light to go off for extended periods of time and resident's needs were not being responded to promptly. On 11/5/23, there was one CNA and two nurses in the entire facility from 11:00 P.M. until approximately 2:00 A.M. The CNA was on the Freedom Unit and there were no CNAs on A, C, or D halls. This has occurred more than once.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/09/2023
NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 11/8/23 at 11:30 A.M., the staffing coordinator said there was no set number of staff, but he/she tried to schedule three licensed nurses, four CNAs (one for each hall) and two CMTs for day and evening shifts, and three nurses and four CNAs (one for each hall) for night shift. She received a call at approximately 2:00 A.M. on 11/6/23 from the charge nurse who reported there were staff who had called in and there was only one CNA and two nurses in the facility. She then started to make phone calls to see if she could get staff to come in. She found a CNA that was able to be at the facility at 3:30 A.M. The facility did not have enough staff and it was hard to replace staff who call in because all of the staff were working so much, were tired and refused to come in. Administration/corporate does not base staffing on resident acuity levels.</p> <p>During an interview on 11/9/23 at 10:40 A.M. and 1:17 P.M. DON said the following:</p> <ul style="list-style-type: none"> <li>-She was not aware there was only one CNA and two nurses from 11:00 P.M. (11/5/23) until 3:52 A.M. (11/6/23);</li> <li>-She was not notified and should have been because that was not considered acceptable practice for resident care;</li> <li>-She does not expect staff to be sleeping while on duty. Staff should be awake and available at all times.</li> </ul> <p>During an interview on 11/9/23 at 1:17 P.M., the facility's corporate nurse said lack of staff from 11:00 P.M. (11/5/23) until 3:52 A.M. (11/6/23) should not have happened. The charge nurse had multiple phone numbers to call, including the nurse manager's and her number. The staffing coordinator admitted that she did not notify anyone of the staffing shortage.</p> <p>During an interview on 11/9/23 at 9:30 A.M., the administrator said he was not aware only three staff members were in the facility from 11:00 P.M. (11/5/23) until 3:52 A.M. (11/6/23). This was not enough staff to adequately provide care. He would have expected to have been notified if staffing was that low. He didn't know what the staffing requirements were per the facility's assessment as he had not had a chance to review the assessment. Staff are not allowed to sleep while on duty. He/She was not aware of staff sleeping and if he/she knew of it the staff would be fired per the employee handbook.</p> <ul style="list-style-type: none"> <li>-He has caught one person sleeping in their car on the midnight shift;</li> <li>-It was irresponsible for staff to be sleeping while on duty.</li> </ul> <p>MO225546</p> <p>MO225143</p> <p>MO226198</p> <p>MO227065</p> <p>MO226124</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/09/2023
NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	

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 0725  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Many	MO226124

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/09/2023
NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	
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 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32530</p> <p>Refer to ZNHX12</p> <p>Based on observation, interview and record review, the facility failed to ensure proper infection control techniques were followed for two residents (Resident #1 and #2) in a sample of 24 residents. The facility failed to follow infection control practices while performing blood glucose monitoring (a procedure where a drop of blood is obtained to test the amount of sugar in the blood) for Resident #1 and #2 when staff failed to appropriately sanitize the glucometer machine (machine that tests a drop of blood for the amount of sugar it contains) after use. Review showed Resident #1 had Hepatitis C (a virus that attacks the liver and leads to inflammation and is spread by contact with contaminated blood). Staff failed to provide incontinence care per the facility's perineal care policy/procedure and to wash their hands when they removed contaminated gloves while performing post-incontinence care for Resident #2 and #4. The facility census was 70.</p> <p>The administrator was notified on 11/08/23 at 4:45 P.M. of an Immediate Jeopardy (IJ) which began on 11/07/23. The IJ was removed on 11/09/23 as confirmed by surveyor on-site verification.</p> <p>Review of the facility policy, Glucometer Disinfection, revised 09/01/21, showed the following:</p> <ul style="list-style-type: none"> <li>-The purpose of this procedure is to provide guidelines for the disinfection of capillary-blood sampling devices to prevent transmission of blood-borne diseases to residents and employees;</li> <li>-Disinfection is a process that eliminates many or all pathogenic microorganisms, except bacterial spores, on inanimate objects;</li> <li>-The facility will ensure blood glucometers will be cleaned and disinfected after each use and according to manufacturer's instructions for multi-resident use;</li> <li>-The glucometers should be disinfected with a wipe pre-saturated with EPA registered healthcare disinfectant that is effective against human immunodeficiency virus/HIV (a virus that targets the immune system and can be spread through contact with infected blood), Hepatitis C and Hepatitis B (a serious liver infection caused by a virus that most commonly spread by exposure to infected body fluids) virus;</li> <li>-Glucometers should be cleaned and disinfected after each use and according to manufacturer's instructions regardless of whether they are intended for single resident or multiple resident use;</li> </ul> <p>-Procedure:</p> <ul style="list-style-type: none"> <li>h. Reapply gloves if there is visible contamination of the device or if the resident is HIV or Hepatitis B or C positive;</li> <li>i. Retrieve two disinfectant wipes from container;</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/09/2023
NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	
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 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>j. Using first wipe, clean first to remove heavy soil, blood and/or other contaminants left on the surface of the glucometer;</p> <p>k. After cleaning, use second wipe to disinfect the glucometer thoroughly with the disinfectant wipe, following the manufacturer's instructions, allow the glucometer to air dry.</p> <p>Review of the facility policy, Blood Glucose Monitoring, dated 09/01/21, showed the following:</p> <p>-It is the policy of this facility to perform blood glucose monitoring to diabetic residents as per physician's orders;</p> <p>-Policy explanation and compliance guidelines:</p> <p>3. The nurse will abide by the infection control practices of cleaning and disinfection of the glucometer as per the manufacturer's instructions and in accordance with the facility's glucometer disinfection policy;</p> <p>4. If possible, glucometers should not be shared between residents, but if this is not possible, the nurse is responsible for cleaning and disinfection of the machine between residents following the manufacturer's instructions and in accordance with the facility's glucometer disinfection policy;</p> <p>-Procedure:</p> <p>2. Obtain needed equipment and supplies: gloves, glucometer, alcohol pads, gauze pads, single use auto-disabling lancet, blood glucose testing strips;</p> <p>-The policy did not address placing a barrier between the glucometer and other items while in use.</p> <p>Review of the Evencare G2 glucometer manufacturer/guidelines for disinfecting the piece of equipment showed the following:</p> <p>-To disinfect the meter, clean the meter with one of the following validated disinfection wipes listed below:</p> <p>a. Dispatch Hospital Cleaner Disinfectant Towels with bleach;</p> <p>b. Medline Micro-Kill+ Disinfecting, Deodorizing, Cleaning Wipes with Alcohol;</p> <p>c. Clorox Healthcare Bleach Germicidal and Disinfectant wipes;</p> <p>d. Medline Micro-Kill Bleach Germicidal Bleach wipes;</p> <p>-Wipe all external areas of the meter or lancing device including both front and back surfaces until visibly clean;</p> <p>-Allow the surface of the meter to remain wet at room temperature for the contact time listed on the wipe's directions for use;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/09/2023
NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	

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 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>-Wipe meter dry or allow to air dry.</p> <p>1. Review of Resident #1's face sheet showed the following:</p> <p>-Diagnosis of diabetes mellitus with hyperglycemia (a group of diseases that result in too much sugar in the blood);</p> <p>-Diagnosis of unspecified viral Hepatitis C.</p> <p>Review of the resident's November 2023 physician order sheet showed an order for Humalog insulin (medication injected for elevated blood sugar), inject subcutaneously before meals related to type II diabetes mellitus with hyperglycemia. If blood sugar is 61-150 = no insulin, blood sugar 151-200 = 3 units, 201 - 250 = 5 units, 251 - 300 = 8 units, 301 - 350 = 10 units, 351 - 400 = 12 units, greater than 400 give 15 units and contact physician, with an order start date of 02/13/22.</p> <p>Review of the resident's November 2023 medication administration record (MAR) showed the following:</p> <p>-Resident receives a blood glucose test three times a day at 6:00 A.M., 11:00 A.M., and 4:00 P.M.;</p> <p>-Staff document the blood sugar results on page seven of the MAR;</p> <p>-Page 1 of the MAR listed the resident with diagnosis of Hepatitis C.</p> <p>Observation on 11/07/23 at 5:49 A.M., showed the following:</p> <p>-Registered Nurse (RN) A took a glucometer out of the top drawer of the medication cart;</p> <p>-RN A put on a pair of gloves after using alcohol based hand sanitizer;</p> <p>-RN A cleaned the glucometer with an alcohol pad, assembled equipment to test the blood glucose level and entered the resident's room;</p> <p>-RN A sat the glucometer directly on the resident's bed without placing a barrier between the glucometer and the mattress;</p> <p>-RN A performed the finger stick procedure and placed a drop of the resident's blood on a test strip in the glucometer;</p> <p>-RN A obtained the results and left the resident's room;</p> <p>-RN A removed the test strip from the glucometer with a gloved hand and placed the strip and lancet device in the biohazard sharps container on the medication cart;</p> <p>-RN A placed the glucometer on top of the medication cart without placing a barrier between the glucometer and the top of the medication cart and removed his/her gloves;</p> <p>-RN A cleaned the glucometer with two individual packaged alcohol pads and placed the glucometer in the top drawer of the medication cart;</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/09/2023
NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	

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 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>-RN A performed hand hygiene with hand sanitizer;</p> <p>-RN A did not clean the meter with one of the disinfection wipes as suggested by the glucometer's manufacturer and cleaned the glucometer with bare hands.</p> <p>2. Review of Resident #2's face sheet showed a diagnosis of diabetes mellitus.</p> <p>Review of the resident's November 2023 physician order sheet showed an order for Lispro insulin (medication injected for elevated blood sugar) inject subcutaneously before meals and at bedtime related to type II diabetes mellitus with diabetic neuropathy (a type of nerve damage that can occur with diabetes): if blood sugar is 0 -150 = no insulin, blood sugar 151-200 = no insulin, 201 - 250 = 6 units, 251 - 300 = 8 units, 301 - 350 = 10 units, 351 - 400 = 12 units and call physician/nurse practitioner, with an order start date of 06/15/23.</p> <p>Review of the resident's November 2023 MAR showed the resident received a blood glucose test four times a day at 6:00 A.M., 11:00 A.M., 4:00 P.M. and 9:00 P.M.</p> <p>Observation on 11/07/23 at 6:11 A.M., showed the following:</p> <p>-RN A took the same glucometer he/she used to check Resident #1's blood sugar out of the top drawer of the medication cart;</p> <p>-RN A put on a pair of gloves after using alcohol based hand sanitizer;</p> <p>-RN A cleaned the glucometer with an alcohol pad, assembled equipment to test the resident's blood glucose level and entered the resident's room;</p> <p>-RN A sat the glucometer directly on the resident's bedside table without placing a barrier between the glucometer and a magazine on the bedside table;</p> <p>-RN A performed the finger stick procedure and placed a drop of the resident's blood on a test strip in the glucometer;</p> <p>-RN A obtained the results and left the resident's room;</p> <p>-RN A removed the test strip from the glucometer with a gloved hand and placed the strip and lancet device in the biohazard sharps container on the medication cart;</p> <p>-RN A placed the glucometer on top of the medication cart without placing a barrier between the glucometer and top of the medication cart and removed his/ her gloves;</p> <p>-RN A cleaned the glucometer with two individual packaged alcohol pads and placed the glucometer in the top drawer of the medication cart;</p> <p>-RN A performed hand hygiene with hand sanitizer;</p> <p>-RN A did not clean the meter with one of the disinfection wipes as suggested by the glucometer's manufacturer and cleaned the used glucometer with bare hands;</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/09/2023
NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	
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 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>-No disinfection wipes were available for use on the medication cart.</p> <p>During interviews on 11/07/23 at 5:50 A.M. and 7:05 A.M., and 11/08/23 at 2:10 P.M., RN A said the following:</p> <p>-He/She cleans the glucometer with alcohol wipes if there were no sanitizer (disinfectant) wipes on the cart;</p> <p>-He/She had given the sanitizer wipes to another staff member earlier in the shift and did not have any sanitizer wipes on his/her medication cart;</p> <p>-Sanitizer wipes were in central supply, but central supply was generally locked at night and he/she did not have a key to central supply;</p> <p>-When cleaning a glucometer, you should clean it with alcohol wipes or sanitizer wipes, make it wet and then let it air dry;</p> <p>-When he/she takes a glucometer into a resident room, he/she should place a barrier, such as a paper towel, so he/she did not place the equipment on a dirty surface;</p> <p>-He/She did not place a barrier between the glucometer and mattress for Resident #1 or between the glucometer and bedside table for Resident #2 when he/she obtained the residents' blood sugars but should have;</p> <p>-He/She used the same glucometer for the residents on A hall and D hall;</p> <p>-He/She was not aware of any residents with an infectious disease such as viral hepatitis;</p> <p>-If a resident has an infectious disease, they should have their own glucometer.</p> <p>During an interview on 11/08/23 at 2:18 P.M., Licensed Practical Nurse (LPN) G said the following:</p> <p>-He/She believed each hall had its own glucometer to use for multiple residents;</p> <p>-The A hall had four residents who have routine blood glucose monitoring;</p> <p>-MicroKill One sanitizers were available on the medication cart and could be used to sanitize the glucometer;</p> <p>-He/She usually cleaned the glucometer in between each resident with alcohol wipes;</p> <p>-He/She thought the night shift staff disinfected the glucometer each night with the sanitizer wipes;</p> <p>-He/She was unsure if anyone at the facility had Hepatitis C;</p> <p>-He/She was unsure what the manufacturer's recommendations were for disinfecting the glucometer.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/09/2023
NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	
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 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on 11/08/23 at 4:00 P.M., the Director of Nursing (DON) said the following:</p> <ul style="list-style-type: none"> <li>-She expected staff to follow the facility policy for cleaning a multi-use glucometer after each use;</li> <li>-She expected staff to clean the glucometer with sanitizer wipes;</li> <li>-She would not expect staff to know off of the top of their head if a resident they were obtaining a blood sugar on had an infectious disease such as hepatitis C;</li> <li>-All of the residents' diagnoses are listed in the resident health record;</li> <li>-If staff disinfected a glucometer properly, staff could use a multi-use glucometer on a resident that has Hepatitis C, and then other residents;</li> <li>-Extra sanitizer wipes were available in central supply and the 11-7 shift had access to the central supply with a key;</li> <li>-Alcohol wipes were not acceptable to disinfect a multi-use glucometer;</li> <li>-There were two residents at the facility that had Hepatitis C.</li> </ul> <p>During an interview on 11/08/23 at 3:50 P.M., the administrator said the following:</p> <ul style="list-style-type: none"> <li>-He expected staff to clean a multi-use glucometer properly after use and to disinfect the glucometer per manufacturer's recommendations and company policy;</li> <li>-He expected staff to follow infection control policies to ensure no infection was passed to another resident;</li> <li>-If a resident had diagnosis of Hepatitis C, he expected staff to follow company policy for glucometer use, follow infection control policies and then follow proper cleaning to be able to use the glucometer for multiple residents.</li> </ul> <p>3. Review of the facility policy, Perineal Care, revised 09/01/21, showed the following:</p> <ul style="list-style-type: none"> <li>-Policy explanation and compliance guidelines:</li> <li>-Perform hand hygiene and put on gloves; Apply other personal protective equipment as appropriate;</li> <li>-If perineum is grossly soiled, turn resident on side, remove fecal material with toilet paper, then remove and discard;</li> <li>-Cleanse buttocks and anus, front to back; vagina to anus in females and scrotum to anus in males, using a separate washcloth or wipes;</li> <li>-Dry thoroughly;</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/09/2023
NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	
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 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>-Re-position resident in supine (laying on back) position. Change gloves if soiled and continue with perineal care;</p> <p>-Cleanse perineal area using separate washcloth or wipes for each area;</p> <p>-Change gloves if soiled and continue with perineal care;</p> <p>-If using soap, rinse after washing;</p> <p>-Reposition as desired and cover resident;</p> <p>-Remove gloves and discard. Perform hand hygiene.</p> <p>Review of the facility hand washing policy, dated 9/1/21, showed the following:</p> <p>-All staff would perform proper hand hygiene procedures to prevent the spread of infections to other personnel, residents, and visitors;</p> <p>-Hand hygiene was the general term for cleaning the hands by handwashing with soap and water or use of an antiseptic hand rub, also known as an alcohol-based hand rub (ABHR);</p> <p>-Staff would perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice;</p> <p>-Hand hygiene was indicated and would be performed under conditions listed in, but not limited to the attached hand hygiene table which included;</p> <p>-ABHR with 60-95% alcohol was the preferred method for cleaning hands in most clinical situations. Wash hands with soap and water whenever they were visibly dirty, before eating, and after using the restroom.</p> <p>Review of the facility hand hygiene table, dated 2021, showed the following:</p> <p>-Hands should be cleaned with soap and water when hands were visibly dirty, and hands were visibly soiled with blood or there body fluids;</p> <p>-Hands should be cleaned with ether soap and water or ABHR (ABHR is preferred) between resident contacts, after handling contaminated objects, before performing invasive procedures, before applying and after removing personal protective equipment (PPE), including gloves, before performing resident care procedures, when, during resident care, moving from a contaminated body site to a clean body site, after assistance with personal body functions, and whenever in doubt.</p> <p>Review of Resident #2's electronic medical record (EMR) showed he/she had the following diagnoses:</p> <p>-Overactive bladder (condition of the bladder that causes a frequent and sudden urge to urinate that may be difficult to control);</p> <p>-Urinary tract infections (UTI, an infection involving the urinary tract system);</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/09/2023
NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	
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 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>-Dysuria (painful urination).</p> <p>Review of the resident's care plan, last revised on 8/24/22, showed the following:</p> <p>-He/She was on diuretic (a substance that promotes an increased production of urine) therapy;</p> <p>-He/She was incontinent of bowel and bladder and had a history of UTIs;</p> <p>-He/She had a self-care deficit with performance of activities of daily living (ADLs) due to decreased strength and limited mobility;</p> <p>-Staff were to assist the resident with cleaning the perineal area after each incontinence episode.</p> <p>Review of resident's annual Minimum Data Set (MDS), a federally mandated assessment completed by facility staff, dated 9/19/23, showed the resident's cognition was intact, he/she was frequently incontinent of bowel and bladder, and did not have a history of rejecting care.</p> <p>Observation on 11/7/23 at 5:37 A.M., showed the following:</p> <p>-The resident was incontinent; his/her incontinence brief was saturated with orange colored urine and urine was on the bed pad located under the resident;</p> <p>-With a soapy, wet bath towel and gloved hands, Certified Nurse Assistant (CNA) J cleaned urine from resident's perineal area, abdominal fold and thighs. He/She wiped the resident's left groin multiple times, right groin, and genital area, but did not use a different cloth surface after each wipe. CNA J walked over to the resident's sink, rinsed the towel with water and walked back over to the resident to rinse the resident's groin and genitalia with the same towel. With the same gloves, CNA J obtained a clean brief from resident's bedside storage. CNA J assisted the resident onto his/her left side, placed an incontinence brief under the resident, and without cleansing urine from the resident's buttock and thigh areas, CNA J assisted the resident onto his/her right side to pull the brief through, then assisted the resident to his/her back and attached the clean brief. With the same gloves, CNA J opened the resident's door to his/her room to discard trash;</p> <p>-CNA J had not changed gloves when he/she went from a dirty process to a clean process and touched the resident's bedside storage, clean brief, the resident and the resident's door with the gloves.</p> <p>During an interview on 11/7/23 at 5:45 A.M., the resident said staff had last changed his/her incontinence brief and provided care at approximately 8:00 P.M. on 11/6/23.</p> <p>During an interview on 11/7/23 at 1:40 P.M., CNA J said he/she should change the surface of the cloth with every wipe. He/She did not realize he/she used the same surface of the cloth and did not change cloths when needed. Resident #2 did not like to be awakened during the night for staff to check for incontinence, so he/she changed him/her in the morning. Resident #2's bed pad was not wet, therefore he/she did not change the pad.</p> <p>4. Review of Resident #4's diagnoses showed he/she had the following:</p> <p>-Overactive bladder;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/09/2023
NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  2840 West Clay St Saint Charles, MO 63301	
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 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>-Recent UTI (10/10/23).</p> <p>Review of the resident's care plan, last revised on 10/25/23, showed the following:</p> <p>-He/She had an ADL self-care performance deficit and was dependent on staff for all ADLs, including personal hygiene and toileting;</p> <p>-He/She was frequently incontinent of bladder related to an overactive bladder;</p> <p>-He/She wore adult briefs;</p> <p>-Staff were to assist the resident with cleaning his/her perineal area after each incontinence episode.</p> <p>Review of the resident's admission MDS, dated [DATE], showed the following:</p> <p>-His/Her cognition was intact;</p> <p>-He/She was dependent on staff with toileting;</p> <p>-He/She was frequently incontinent of bowel and bladder;</p> <p>-He/She did not reject care.</p> <p>Observation of the resident, on 11/7/23 at 5:53 A.M., showed the resident lay in his/her bed and had been incontinent of bladder. The resident's incontinence brief was saturated. With gloved hands, CNA J cleaned urine from the resident's perineal area, lower abdomen, buttocks, and thighs. CNA J wiped the resident's left groin, right groin and genital area multiple times with a wet, soapy bath towel. He/She did not change the cloth surface after each wipe. CNA J assisted the resident onto his/her left side and wiped the right and left buttocks multiple times. He/She did not change the surface of the cloth after each wipe. CNA J rinsed the towel with water and rinsed the resident's buttocks areas, groin and genitalia, but did not change the surface of the cloth after each wipe. With the same gloves, CNA J obtained barrier cream from the resident's bedside table and placed it on the resident's buttocks, obtained a clean brief from resident's bedside storage area and placed it on the resident. CNA J removed his/her gloves and without performing hand hygiene, he/she grabbed the resident's door knob, opened the door, and exited the room to discard trash.</p> <p>During an interview on 11/7/23 at 1:40 P.M., CNA J said he/she should not have touched any clean items with contaminated gloves.</p> <p>During an interview on 11/9/23 at 10:30 A.M., the DON said she would expect staff to remove gloves and wash their hands before touching any clean items. Hands were to be washed with soap and water when visibly soiled and after removal of gloves. Staff were expected to remove gloves and wash their hands after applying barrier cream and before touching any clean items. She expected staff to change the surface of the cloth after each wipe when providing incontinence care. Staff should not use the same surface multiple times before changing surfaces. She expected staff to clean all areas of the perineum with wash cloths and/or wipes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/09/2023
NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	

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 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>NOTE: At the time of the abbreviated survey, the violation was determined to be at the immediate jeopardy level K. Based on observation, interview and record review completed during the onsite visit, it was determined the facility had implemented corrective action to remove the IJ violation at the time. A final revisit will be conducted to determine if the facility is in substantial compliance with participation requirements.</p> <p>At the time of exit, the severity of the deficiency was lowered to the E level. This statement does not denote that the facility has complied with State law (Section 198.026.1 RSMo.) requiring that prompt remedial action to be taken to address Class I violation(s).</p> <p>MO225546</p> <p>MO226124</p>