

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 04/17/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>32530</p> <p>Refer to event IR4812</p> <p>*This deficiency is uncorrected. For previous examples, see Statement of Deficiencies dated 2/23/24.</p> <p>Based on observation, interview, and record review, the facility failed to provide housekeeping services to maintain a clean, safe, and comfortable homelike environment. The facility failed to ensure resident rooms, hallways and common areas were clean and free of odors, failed to ensure the floors were clean and free of debris, and failed to empty trash in the resident rooms. The facility census was 65.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>32530</p> <p>Refer to event IR4812</p> <p>Based on observation, interview, and record review, the facility failed to follow professional standards of practice when they did not administer medications to two residents (Residents # 9 and #21) in a review of 28 sampled residents within the time frame designated for morning medication pass. The facility failed to ensure one resident (Resident #8) took his/her medication when staff left the resident's medications on the resident's bedside table and left the room without observing the resident take the medication. The facility failed to administer a controlled medication to one resident (Resident #29) as ordered by the physician. The facility census was 65.</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>32530</p> <p>Refer to event IR4812</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff provided three residents (Residents #1, #4, and #5), who were unable to perform their own activities of daily living (ADLs), in a review of 28 sampled residents, the necessary care and services to maintain bathing, grooming to include shaving, personal hygiene, and nail care. The facility census was 65.</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>42594</p> <p>Refer to event IR4812</p> <p>Based on observation, interview, and record review, the facility failed to provide necessary treatment and services consistent with standards of practice to assess, prevent, and promote healing of pressure ulcers (a localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and /or friction) for one resident (Resident #1), in a review of 28 sampled residents. The facility census was 65.</p>

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<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 event IR4812</p> <p>Based on observation, interview, and record review, the facility failed to provide sufficient nursing staff to meet residents' needs for eight residents (Residents #1, #4, #5, #9, #13, #14, #20, and #21), in a review of 28 sampled residents, and failed to ensure licensed staff were scheduled as per the facility's assessment to meet the residents' needs. The facility census was 65.</p>

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>32530</p> <p>Refer to event IR4812</p> <p>*This deficiency is uncorrected. For previous examples, see Statement of Deficiencies dated 2/23/24.</p> <p>Based on observation, record review, and interview, the facility failed to ensure the director of nursing (DON) did not work as a charge nurse during a time the facility census was greater then 60 residents on 4/1/24, 4/3/24, 4/4/24, 4/8/24, and 4/9/24. The facility census was 65.</p>		