

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  08/29/2024
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 0567</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 manage his or her financial affairs.</p> <p>41412</p> <p>Based on interview and record review, the facility failed to ensure residents had reasonable access to their personal funds. Residents were unable to gain access to their funds on the weekends. The facility managed funds for 37 residents. The facility census was 54.</p> <p>Review of the facility policy, Resident Trust Policy and Procedure, dated February 2022, showed the following:</p> <ul style="list-style-type: none"> <li>-The administrator is responsible for the handling of the funds according to corporate policies as well as state and federal regulations;</li> <li>-The resident may retain his/her right to receive, retain and manage his/her own personal funds;</li> <li>-The policy did not document times for facility banking hours.</li> </ul> <p>Review of the undated facility admission agreement showed the following:</p> <ul style="list-style-type: none"> <li>-The resident has the right to manage his/her financial affairs;</li> <li>-The nursing home must allow you access to your bank accounts, cash, and other financial records;</li> <li>-The admission agreement did not include specific banking hours.</li> </ul> <p>1. During the resident group interview on 08/21/24 at 1:00 P.M., eleven residents, Residents #14, #20, #13, #10, #11, #9, #21, #7, #18, #28 and #54, said they were only able to get money from their resident fund account Monday through Friday. Resident #54 said the facility does not have someone for banking at the facility on the weekends. He/She has been told in the last couple weeks that they do not have staff here on the weekend for them to get money out, so they have to get whatever they would need for the weekend out on Fridays.</p> <p>Review of the facility log, listing residents the facility held resident funds for, showed Residents #14, #20, #13, #10, #11, #9, #21, #7, #18, #28 and #54 all had funds in the resident fund account.</p> <p>During an interview on 08/21/24 at 11:00 A.M., the Regional Business Office Manager said the following:</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The administrator was responsible for handing out resident money when residents requested;</p> <p>-The cash envelope was held in the administrator's office;</p> <p>-The facility held funds for 37 residents;</p> <p>-The facility's banking hours were Monday through Friday, with no set hours;</p> <p>-The facility did not have banking hours on Saturday.</p> <p>During an interview on 08/21/24 at 2:09 P.M., the administrator said she was not aware the facility needed to provide access to resident funds on the weekends.</p>		

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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47008</b></p> <p>Based on observation, interview and record review, the facility failed to maintain a comfortable and homelike environment ensuring the residents' walls were painted and free of marring, resident room doors were painted and free of gouges and scuff marks, floor tiles were maintained without chips, cracks, and dirt buildup, and the handrails on the 100 and 300 hallway were free of chipping paint and scuff marks. The facility census was 54.</p> <p>Review of the facility's policy, Safe and Homelike Environment, reviewed 09/01/21, showed the following:</p> <ul style="list-style-type: none"> <li>-In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk;</li> <li>-Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly and comfortable environment.</li> </ul> <p>1. Observation on 08/27/24 at 10:00 A.M. showed missing paint and scuff marks on the hand rail in the 100 hallway. The door to occupied resident room [ROOM NUMBER] had gouges in the white paint with brown showing through and dark black lines at the bottom of the door, measuring approximately 24 inches.</p> <p>2. Observation on 08/29/24 10:00 A.M. showed the wall in occupied resident room [ROOM NUMBER], by Resident #11's bed, had gouges in the paint on the wall and scuff marks and gouges in the paint behind the head of the resident's bed, measuring approximately 12 inches.</p> <p>During an interview on 08/29/24 at 1:31 P.M., Resident #11 said he/she had asked for his/her room to be painted three years ago. There were a lot of holes that needed to be covered with paint.</p> <p>3. Observation of the 300 hall on 08/29/24 at 11:43 A.M. showed the following:</p> <ul style="list-style-type: none"> <li>-Multiple areas of different colored floor tiles, not presenting in a pattern between rooms 301-304, and from room [ROOM NUMBER] to the end of the hall;</li> <li>-The floor tiles scattered throughout the hallway had chipped/cracked corners and a black debris built up between the tiles and in the gaps;</li> <li>-The walls and rails throughout the hall were marred with scuffs, nicks, and chips in the paint;</li> <li>-Multiple doors (rooms 301-318 and 320) had black scuffs along the bottom and chipped paint throughout.</li> </ul> <p>(continued on next page)</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. Observation on 08/29/24 at 1:45 P.M. showed the wall in occupied resident room [ROOM NUMBER], by Resident #25's bed, had unpainted drywall exposed, measuring approximately 6 inch square. The tiles in the room had yellow buildup on them and some were white and did not match.</p> <p>During an interview on 08/29/24 at 1:45 P.M., Resident #25 said he/she had asked for his/her wall to be painted since he/she was admitted in 2021.</p> <p>During an interview on 09/11/24 at 2:22 P.M., the Maintenance Director said the following:</p> <ul style="list-style-type: none"> <li>-Staff are expected to report repairs needed to equipment or the facility to the maintenance department;</li> <li>-The process to report needed repairs was as follows: Staff put items in the maintenance request book at the nurses desk. Maintenance checks the request book several times daily. Each page has two spots for needed repairs, when the repairs are complete, they take the page out of the book and document what was done. Completed maintenance request are kept in a binder in his office when the repair is completed;</li> <li>-The owner of the building said there was going to be a construction company to do a total remodel of the facility so they stopped doing monthly walk-throughs two months ago because the construction company was supposed to take care of the major repairs;</li> <li>-Any repairs in occupied rooms were done immediately, so if there were holes in the dry wall, no one made them aware of it.</li> </ul> <p>During an interview on 08/29/24 at 6:43 P.M. and 09/11/24 at 2:10 P.M., the Administrator said the following:</p> <ul style="list-style-type: none"> <li>-She expected the floors, doors, walls and handrails to be in good repair;</li> <li>-The Maintenance Director was responsible for making repairs or coordinating with outside contractors if he could not do the repairs in house;</li> <li>-During department head rounds, they were supposed to identify areas that needed to be repaired and the staff would let maintenance know if repairs were needed to the building, furniture, or equipment;</li> <li>-Maintenance was responsible for repairs to floors, walls, doors, rails etc.;</li> <li>-Staff either told maintenance or put a request in the maintenance request book.</li> </ul>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50189</p> <p>Based on interview and record review, the facility failed to report an injury of unknown origin for one resident (Resident #157), who had unexplained fractures in his/her legs, and failed to report an allegation of staff to resident verbal abuse for one resident (Resident #49), in a review of 17 sampled residents, to the state survey agency within two hours of the allegation or identified injury. The facility census was 54.</p> <p>Review of the facility policy, Unexplained Injuries, dated 09/01/21, showed the following:</p> <ul style="list-style-type: none"> <li>-Observations of any unexplained injuries shall be reported immediately to the resident's nurse;</li> <li>-An incident report form shall be completed. If an allegation of abuse is made or if the injury is of unknown source, reporting and investigation procedures shall be implemented in accordance with the facility's abuse policies and procedures;</li> <li>-An injury should be classified as an injury of unknown source when both of the following conditions are met: <ul style="list-style-type: none"> <li>A. The source of the injury was not observed by any person or the source of the injury could not be explained by the resident;</li> <li>B. The injury is suspicious because of: <ul style="list-style-type: none"> <li>i. The extent of the injury or;</li> <li>ii. The location of the injury or;</li> <li>iii. The number or injuries observed at one particular point in time or;</li> <li>iv. The incidence of injuries over time.</li> </ul> </li> </ul> </li> </ul> <p>Review of the facility policy for Abuse, Neglect and Exploitation, dated 8/22/22, showed the following:</p> <ul style="list-style-type: none"> <li>-It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property.</li> <li>-Verbal Abuse means the use of oral, written or gestured communications or sounds that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance regardless of their age, ability to comprehend, or disability.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Alleged Violation is a situation or occurrence that is observed or reported by staff, resident, relative, visitor or others but has not yet been investigated and, if verified, could be indication of noncompliance with the Federal requirements related to mistreatment, exploitation, neglect, or abuse, including injures of unknown source and misappropriation of resident property.</p> <p>-Serious bodily injury means an injury involving extreme physician pain or requiring medical intervention such as surgery, hospitalization , or physical rehabilitation;</p> <p>-The facility will designate an abuse prevention coordinator in the facility who is responsible for reporting allegations or suspected abuse, neglect, or exploitation to the state survey agency and other officials in accordance with state law;</p> <p>-Reporting/Response: All alleged violations will be reported to the Administrator, the state agency, adult protective services and to all other required agencies within specified timeframes: immediately, but not later than two hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury; or, not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.</p> <p>1. Review of Resident #157's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by staff, dated 06/17/24, showed the following:</p> <p>-Cognitively intact;</p> <p>-Limited range of motion in bilateral upper and lower extremities;</p> <p>-Dependent on staff for all transfers.</p> <p>Review of the resident's Face Sheet, dated August 2024, showed the following diagnoses:</p> <p>-Quadriplegia (paralysis in all arms and legs);</p> <p>-Need for assistance with personal care;</p> <p>-Other abnormalities of gait and mobility.</p> <p>Review of the resident's undated Care Plan showed the following:</p> <p>-The resident was unable to ambulate;</p> <p>-The resident was dependent on staff for all activities of daily living (ADLs), including transfers;</p> <p>-Two staff were to use a mechanical lift for transfers, and to use proper safety precautions.</p> <p>Review of the resident's medication administration record (MAR) on 08/05/24 showed staff administered oxycodone 10 mg at 4:51 A.M. for a pain level of six.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's Progress Note, dated 08/05/24 at 12:08 P.M., showed the MDS Coordinator/Licensed Practical Nurse (LPN) S was made aware of two skin tears on the resident's shins. He/She measured and assessed the skin tears.</p> <p>Review of the resident's Weekly Skin Check, dated 08/05/24, showed the following:</p> <ul style="list-style-type: none"> <li>-Skin tear to the front of the right lower leg;</li> <li>-Skin tear to the front of the left lower leg.</li> </ul> <p>During an interview on 08/28/24 at 5:33 A.M., Certified Nurse Assistant (CNA) V said the following:</p> <ul style="list-style-type: none"> <li>-He/She worked with the resident on 08/05/24;</li> <li>-He/She noticed both the resident's legs were swollen and there was a skin tear on the left lower leg;</li> <li>-He/She asked the resident what happened, and the resident said it must have happened when staff were rolling him/her in bed, but he/she could not say exactly when it happened;</li> <li>-He/She notified the wound nurse of the swelling, skin tear and what the resident reported happened.</li> </ul> <p>During an interview on 08/23/24 at 10:00 A.M., MDS Coordinator/LPN S said the following:</p> <ul style="list-style-type: none"> <li>-On 08/05/24, staff notified him/her of skin tears on the resident's legs;</li> <li>-The staff told him/her the resident's legs hit the wall when staff rolled the resident onto his/her side while in bed;</li> <li>-He/She did not ask the resident what happened or initiate any further investigation or reporting.</li> </ul> <p>Review of the resident's medical record showed no documentation to show the resident obtained the skin tears as a result of staff rolling him/her into the wall while in bed.</p> <p>Review of the resident's MAR on 08/05/24 showed staff administered oxycodone 10 mg at 1:54 P.M. for a pain level of five.</p> <p>Review of the resident's MAR on 08/06/24 showed staff administered oxycodone 10 mg at 12:45 A.M. for a pain level of five.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's Progress Note, dated 08/07/24 at 11:30 A.M., showed the Director of Nursing (DON) documented a CNA (CNA N) notified him/her that the resident's bilateral lower extremities appeared to look different. The DON assessed the resident's bilateral lower extremities and found no bruising, abrasions, cuts or tears. The DON noticed swelling to the resident's right knee. The DON notified the nurse practitioner (NP) who was in the building at the time. The NP assessed the resident, found no signs of recent trauma, like bruising, but ordered x-rays of the bilateral lower extremities to rule out fractures. The resident was cognitively intact, alert and oriented, and was asked about recent falls or other injuries and the resident denied experiencing any incidents.</p> <p>Review of the resident's x-ray results, dated 08/07/24, showed the following:</p> <ul style="list-style-type: none"> <li>-Comminuted (caused by trauma) fracture of the left medial femoral condyle (the lower portion of the femur, or thigh bone);</li> <li>-Relatively nondisplaced (still in correct position or alignment) comminuted oblique fracture (a type of broken bone, where the bone is broken at an angle and the break goes all the way through the bone) at the proximal diaphyseal aspect of the tibia (the upper portion of the lower leg bone, closest to the knee);</li> <li>-Moderate-sized suprapatellar effusion (swelling around the knee) with a nondisplaced oblique fracture at the proximal diaphyseal aspect of the tibia;</li> <li>-Relatively nondisplaced fracture at the distal diaphyseal aspect of the femur (the lower portion of the upper leg bone, closest to the knee);</li> <li>-A CT Scan (a diagnostic imaging procedure that uses x-rays and computer technology to produce more detailed images of inside the body) was recommended for full assessment.</li> </ul> <p>During an interview on 08/23/24 at 4:10 P.M., CNA N said the following:</p> <ul style="list-style-type: none"> <li>-He/She worked with the resident on 08/07/24;</li> <li>-He/She had worked with the resident prior to 08/07/24, but it had been a few days;</li> <li>-Prior to 08/07/24, he/she had not noticed anything abnormal with the resident's legs;</li> <li>-He/She notified the DON that the resident's legs were swollen and the left leg was curved different and did not appear normal;</li> <li>-He/She asked the resident what happened, and the resident said he/she did not know.</li> </ul> <p>Review of the resident's Progress Note, dated 08/08/24 at 4:52 P.M., showed the resident had a deformity in the left lower extremity and the leg looked like it was bowed outward. The NP wanted the resident sent to the emergency room for a CT scan to rule out pathological fractures of the left lower extremity and right lower leg, including the tibia (bone of the lower leg) and femur (bone of the upper leg, or thigh).The resident will need an orthopedic consult. Emergency Medical Services (EMS) called at this time to transport to the emergency room .</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the EMS Report, dated 08/08/24, showed the following:</p> <ul style="list-style-type: none"> <li>-Primary impression: extremity pain;</li> <li>-Chief complaint: leg pain for two days;</li> <li>-Extremities assessment: bilateral whole legs, motor function absent, pain, and swelling;</li> <li>-Narrative: the resident reported his/her legs had been swollen and hurting for a couple days.</li> </ul> <p>Review of the resident's hospital x-ray records, dated 08/13/24, showed the following:</p> <ul style="list-style-type: none"> <li>-A comminuted (caused by trauma) mildly displaced fracture through the proximal tibial metadiaphysis (the upper portion of the tibia nearest the center of the body) of the left leg;</li> <li>-A comminuted mildly displaced fracture (bone still in correct position or alignment) through the fibular neck (the area of the fibula (a bone of the lower leg) just below the head or top of the bone) of the left leg;</li> <li>-A mildly displaced supracondylar fracture (a break in the femur near the knee) of the distal femur (the longest bone in the leg located in the thigh region) of the right leg and may have intra-articular extension (the fracture continues into the joint space, indicating a more serious injury);</li> <li>-A mild valgus (an outward angle) of the femoral condyles in relationship to the distal femur of the right leg.</li> </ul> <p>During interviews on 08/22/24 at 7:50 A.M. and 11:50 A.M., the Administrator said she didn't think the facility had any injury of unknown origin reports in the month of August. At 11:50 A.M., the Administrator provided a report which indicated no injuries of unknown origin.</p> <p>During an interview on 08/23/24 at 11:23 A.M., the DON said the following:</p> <ul style="list-style-type: none"> <li>-On 08/07/24, CNA N was caring for the resident. Around 10:00 A.M., CNA N asked him to assess the resident due to the resident's leg not appearing normal. He assessed the resident and found swelling of the right knee, but did not see any bruising or abrasions. He questioned the resident as to what happened and the resident denied anything happening. He also asked CNA N to leave the room and again asked the resident what happened, and the resident denied any injuries. He then notified the nurse practitioner, who was in the building, and asked him/her to assess the resident. The NP ordered x-rays;</li> <li>-The following day he was notified of the x-ray results, sent the results to the NP, and received orders to send the resident to the hospital for further evaluation;</li> <li>-He also questioned CNA N (who provided care for the resident on 8/7/24) who denied any injuries or accidents occurring;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He did not feel the resident's injury was an injury of unknown origin because both the staff and resident denied anything happening and he asked multiple times. He was also told the fracture was an old fracture, and there were no new fractures that he was made aware of.</p> <p>During interviews on 8/29/24 at 2:30 P.M. and 6:43 P.M., the Administrator said she expected staff to notify her of any allegation of resident abuse or injury of unknown origin.</p> <p>2. Review of Resident #49's admission MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> <li>-The resident was able to make self-understood and able to understand others;</li> <li>-Alert and oriented and able to make decisions;</li> <li>-No behaviors, occasionally feels depressed;</li> <li>-Required supervision with ADLs;</li> <li>-Required maximum assistance from one staff to stand and to transfer to the toilet;</li> <li>-The resident did not walk and used a wheelchair.</li> </ul> <p>Review of the resident's Care Plan for ADLs, dated 6/4/24, showed the following:</p> <ul style="list-style-type: none"> <li>-The resident required extensive assistance from one staff for ADLs due to impaired functional mobility from a previous stroke that with right sided weakness;</li> <li>-Encourage the resident to participate to the fullest extent possible with each interaction.</li> </ul> <p>Review of the resident's Care Plan for manipulative behaviors, dated 6/25/24, showed the following:</p> <ul style="list-style-type: none"> <li>-The resident can have manipulative behaviors and he/she will make statements about self harm;</li> <li>-Caregivers to provide opportunity for positive interactions, attention. If reasonable, discuss the resident behavior. Explain/reinforce why the behavior is inappropriate and/or unacceptable. Intervene as necessary to protect the rights and safety of others. Monitor behavior episodes and attempt to determine underlying cause, consider location, time of day, persons involved, and situations. Document behavior and potential causes.</li> </ul> <p>Review of the resident's Nurses Note, dated 8/02/24 at 2:29 P.M., showed LPN B documented that at 2:00 A.M., the resident put on the call light. CNA A went into the resident's room to check what the resident needed. CNA A told the nurse the resident threw a bottle at him/her. LPN B and CNA A went to the resident's room. The resident told LPN B that he/she would kill CNA A with a gun because CNA A went to his/her room and made fun of him/her that he/she should be walking to use the bathroom. LPN B notified the DON, Assistant Director of Nursing (ADON), and the nurse manager.</p> <p>During an interview on 8/12/24 at 12:00 P.M., the resident said the following:</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-On 8/2/24 during the midnight shift, he/she turned on the call light to get some help to go to the bathroom;</p> <p>-CNA A answered the call light and called him/her a nasty mother fucker and refused to take him/her to the bathroom;</p> <p>-He/She cursed back at the aide and told him/her to get out of his/her room and threw a plastic bottle at the staff.</p> <p>During an interview on 8/16/24 at 2:35 P.M. LPN B said the following:</p> <p>-On 8/2/24, CNA A answered the resident's call light;</p> <p>-CNA A came to him/her after answering the call light and said he/she told the resident that he/she could use the bathroom on his/her own since the resident was wanting to go home. The resident got mad at him/her and began to curse at CNA A and threw a spray bottle at him/her. CNA A said the resident was going to get a gun and shoot him/her. He/She told CNA A not to go into the resident's room and reported the incident to the nurse manager;</p> <p>-The resident admitted to cursing at CNA A and throwing a bottle at CNA A, however, the resident did not tell him/her that CNA A cursed at him/her.</p> <p>Review of the resident's Progress Note, dated 08/02/24 at 5:15 P.M., showed the Social Services Designee (SSD) documented he/she went to resident's room to follow up on both events of yesterday. The resident was still grieving for his/her family member and concerned about his/her another family member. The resident was still upset at the CNA from last night and he/she did not want that CNA in his/her room ever again.</p> <p>During an interview on 8/12/24 at 11:30 A.M., the SSD said the following:</p> <p>-On 8/2/24, she talked with the resident about a situation involving CNA A;</p> <p>-The resident was upset because of a loss in his/her family member and was trying to deal with the situation;</p> <p>-The resident admitted that he/she cursed at the staff, but did not mention that the staff had cursed at him/her;</p> <p>-She was getting ready to leave work on 8/9/24 when she was told the resident was telling staff that he/she was going to get a family member to bring a gun in and he/she was going to shoot CNA A if the staff member came near him/her;</p> <p>-On 8/9/24 around 5:00 P.M., she went to the resident. The resident told her that on 8/2/24 when he/she rang the call light to go to the bathroom, CNA A answered the light and told him/her that he/she was a nasty ass mother fucker who needs to stop pissing all over himself/herself;</p> <p>-The resident was very upset;</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-She reported what the resident said to the DON, but the DON had an emergency and she didn't know if he did anything about it;</p> <p>-She was in a hurry to leave the facility and does not remember if she told the regional nurse;</p> <p>-She did not get the impression that the resident was accusing the staff member of abuse, but staff should not curse at residents so she saw that this could be verbal abuse;</p> <p>-She should have reported this to the Director of Operations (the acting administrator at the time of this investigation).</p> <p>Review of the resident's Social Services Progress Note, dated 8/9/24 at 5:27 P.M., showed the SSD documented he/she went to resident's room to check on him/her. The resident was in the process of calling the state. He/She was upset because he/she heard that CNA A was in the building. The SSD spoke to the DON who was focusing on a situation with another resident, but would check into this. The SSD then contacted the administrator (Director of Operations).</p> <p>During an interview on 8/12/24 at 3:43 P.M., the DON said the following:</p> <p>-On 8/9/24, the SSD told him the resident said CNA A had cursed at him/her during an incident between the resident and CNA A on 8/2/24;</p> <p>-He was working the floor and had an emergent situation he was handling at the time;</p> <p>-He told the SSD to inform the regional nurse;</p> <p>-He assumed the SSD had reported this allegation to the regional nurse.</p> <p>During interviews on 8/12/24 at 10:30 A.M. and 8/21/24 at 9:43 A.M., the regional nurse said the following:</p> <p>-On 8/2/24, CNA A left a note under the DON's door saying the resident cursed at him/her and threw a plastic bottle at him/her;</p> <p>-She had the SSD go to the resident to see what was wrong;</p> <p>-The SSD reported the resident had experienced a loss in his/her family and was somewhat distraught and angry and thought that the incident could have been from this grief;</p> <p>-The SSD offered support to the resident;</p> <p>-She did not hear anything else;</p> <p>-She had let the DON know about the situation, but there was no investigation done since it was not employee to resident abuse. It was a resident behavior;</p> <p>-No one reported to her the resident said CNA A cursed at him/her.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interviews on 8/12/24 at 10:30 A.M. and 8/21/24 at 8:45 A.M., the Director of Operations said the following:</p> <ul style="list-style-type: none"> <li>-He had heard about a situation that occurred on 8/2/24 between the resident and CNA A, but since the resident had cursed at the aide, there was no abuse and he thought the SSD had taken care of the situation;</li> <li>-The SSD told him the resident admitted he/she had cursed at the employee and also threw a plastic bottle at the employee, but nothing was said about CNA A cursing at the resident;</li> <li>-He was not aware of any accusations of CNA A cursing at the resident;</li> <li>-If he had been made aware of the allegation of the staff cursing at the resident, he would have investigated the allegation and notified the state agency.</li> </ul> <p>MO240331</p> <p>MO240516</p> <p>MO241013</p>

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50189</p> <p>Based on interview and record review, the facility failed to complete a thorough investigation of an injury of unknown origin for one resident (Resident #157), who had unexplained fractures in his/her legs, in a review of 17 sampled residents, and failed to investigate an allegation staff to resident verbal abuse for one resident (Resident #49). The facility census was 54.</p> <p>Review of the facility policy, Unexplained Injuries, dated 09/01/21, showed the following:</p> <ul style="list-style-type: none"> <li>-Observations of any unexplained injuries shall be reported immediately to the resident's nurse;</li> <li>-Care and treatment shall be provided to the resident as needed. This includes physician notification and implementation of physician orders or facility protocols;</li> <li>-An incident report form shall be completed. If an allegation of abuse is made or if the injury is of unknown source, reporting and investigation procedures shall be implemented in accordance with the facility's abuse policies and procedures;</li> <li>-An injury should be classified as an injury of unknown source when both of the following conditions are met: <ul style="list-style-type: none"> <li>A. The source of the injury was not observed by any person or the source of the injury could not be explained by the resident;</li> <li>B. The injury is suspicious because of: <ul style="list-style-type: none"> <li>i. The extent of the injury or;</li> <li>ii. The location of the injury or;</li> <li>iii. The number or injuries observed at one particular point in time or;</li> <li>iv. The incidence of injuries over time.</li> </ul> </li> </ul> </li> <li>-An injury of unknown source shall be investigated even if the resident is discharged from the facility as a result of an injury, or an injury of unknown source is identified after discharge.</li> </ul> <p>Review of the facility policy, Abuse, Neglect and Exploitation, dated 8/22/22, showed the following:</p> <ul style="list-style-type: none"> <li>-It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Verbal Abuse means the use of oral, written or gestured communications or sounds that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance regardless of their age, ability to comprehend, or disability.</p> <p>-Alleged Violation is a situation or occurrence that is observed or reported by staff, resident, relative, visitor or others but has not yet been investigated and, if verified, could be indication of noncompliance with the Federal requirements related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source and misappropriation of resident property.</p> <p>-Serious bodily injury means an injury involving extreme physician pain, or requiring medical intervention such as surgery, hospitalization, or physical rehabilitation;</p> <p>-An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur.</p> <p>1. Review of Resident #157's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by staff, dated 06/17/24, showed the following:</p> <p>-Cognitively intact;</p> <p>-Limited range of motion in bilateral upper and lower extremities;</p> <p>-Dependent on staff for all transfers.</p> <p>Review of the resident's Face Sheet, dated August 2024, showed the following diagnoses:</p> <p>-Quadriplegia (paralysis in all arms and legs);</p> <p>-Need for assistance with personal care;</p> <p>-Other abnormalities of gait and mobility.</p> <p>Review of the resident's undated Care Plan showed the following:</p> <p>-The resident was unable to ambulate;</p> <p>-The resident was dependent on staff for all activities of daily living (ADLs), including transfers;</p> <p>-Two staff were to use a mechanical lift for transfers, and to use proper safety precautions.</p> <p>Review of the resident's medication administration record (MAR) on 08/05/24 showed staff administered oxycodone 10 mg at 4:51 A.M. for a pain level of six.</p> <p>Review of the resident's Progress Note, dated 08/05/24 at 12:08 P.M. showed the MDS Coordinator/Licensed Practical Nurse (LPN) S was made aware of two skin tears on the resident's shins. He/She measured and assessed the skin tears.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's Weekly Skin Check, dated 08/05/24, showed the following:</p> <ul style="list-style-type: none"> <li>-Skin tear to the front of the right lower leg;</li> <li>-Skin tear to the front of the left lower leg.</li> </ul> <p>During an interview on 08/28/24 at 5:33 A.M., Certified Nurse Assistant (CNA) V said the following:</p> <ul style="list-style-type: none"> <li>-He/She worked with the resident on 08/05/24;</li> <li>-He/She noticed both the resident's legs were swollen and there was a skin tear on the left lower leg;</li> <li>-The resident did not complain of pain;</li> <li>-He/She asked the resident what happened, and the resident said it must have happened when staff were rolling him/her in bed, but he/she could not say exactly when it happened;</li> <li>-He/She notified the wound nurse of the swelling, skin tear and what the resident reported happened.</li> </ul> <p>During an interview on 08/23/24 at 10:00 A.M., MDS Coordinator/Licensed Practical Nurse (LPN) S said the following:</p> <ul style="list-style-type: none"> <li>-On 08/05/24, staff notified him/her of skin tears on the resident's legs;</li> <li>-The staff told him/her the resident's legs hit the wall when staff rolled the resident onto his/her side while in bed;</li> <li>-He/She assessed, measured, and treated the skin tears according to physician orders;</li> <li>-He/She did not ask the resident what happened or initiate any further investigation or reporting.</li> </ul> <p>Review of the resident's medical record showed no documentation to show the resident obtained the skin tears as a result of staff rolling him/her into the wall while in bed.</p> <p>Review of the resident's MAR on 08/05/24 showed staff administered oxycodone 10 mg at 1:54 P.M. for a pain level of five.</p> <p>Review of the resident's MAR on 08/06/24 showed staff administered oxycodone 10 mg at 12:45 A.M. for a pain level of five.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's Progress Note, dated 08/07/24 at 11:30 A.M., showed the Director of Nursing (DON) documented a CNA (CNA N) notified him/her that the resident's bilateral lower extremities appeared to look different. The DON assessed the bilateral lower extremities and found no bruising, abrasions, cuts or tears. The DON noticed swelling to the resident's right knee. The DON notified the nurse practitioner (NP) who was in the building at the time. The NP assessed the resident, found no signs of recent trauma, such as bruising, but ordered x-rays of the bilateral lower extremities to rule out fractures.</p> <p>During an interview on 08/23/24 at 4:10 P.M., CNA N said the following:</p> <ul style="list-style-type: none"> <li>-He/She worked with the resident on 08/07/24;</li> <li>-He/She had worked with the resident prior to 08/07/24, but it had been a few days;</li> <li>-Prior to 08/07/24, he/she had not noticed anything abnormal with the resident's legs;</li> <li>-He/She notified the DON that the resident's legs were swollen and the left leg was curved different and did not appear normal;</li> <li>-The resident did not complaint of pain;</li> <li>-He/She asked the resident what happened, and the resident said he/she did not know.</li> </ul> <p>Review of the resident's x-ray results, dated 08/07/24, showed the following:</p> <ul style="list-style-type: none"> <li>-Comminuted (caused by trauma) fracture of the left medial femoral condyle (the lower portion of the femur, or thigh bone);</li> <li>-Relatively nondisplaced (still in correct position or alignment) comminuted oblique fracture (a type of broken bone, where the bone is broken at an angle and the break goes all the way through the bone) at the proximal diaphyseal aspect of the tibia (the upper portion of the lower leg bone, closest to the knee);</li> <li>-Moderate-sized suprapatellar effusion (swelling around the knee) with a nondisplaced oblique fracture at the proximal diaphyseal aspect of the tibia;</li> <li>-Relatively nondisplaced fracture at the distal diaphyseal aspect of the femur (the lower portion of the upper leg bone, closest to the knee);</li> <li>-A CT Scan (a diagnostic imaging procedure that uses x-rays and computer technology to produce more detailed images of inside the body) was recommended for full assessment.</li> </ul> <p>Review of the resident's Progress Note, dated 08/08/24 at 4:52 P.M., showed the resident had a deformity in the left lower extremity. The NP wanted the resident sent to the emergency room for a CT scan to rule out pathological fractures of the left lower extremity and right lower leg, including the tibia (bone of the lower leg) and femur (bone of the upper leg, or thigh). The resident will need an orthopedic consult. Emergency Medical Services (EMS) called at this time to transport to the emergency room .</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's hospital x-ray records, dated 08/13/24, showed the following:</p> <ul style="list-style-type: none"> <li>-A comminuted (caused by trauma) mildly displaced (bone is out of alignment) fracture through the proximal tibial metadiaphysis (the upper portion of the tibia nearest the center of the body) of the left leg;</li> <li>-A comminuted mildly displaced fracture (bone still in correct position or alignment) through the fibular neck (the area of the fibula (a bone of the lower leg) just below the head or top of the bone) of the left leg;</li> <li>-A mildly displaced supracondylar fracture (a break in the femur near the knee) of the distal femur (the longest bone in the leg located in the thigh region) of the right leg and may have intra-articular extension (the fracture continues into the joint space, indicating a more serious injury);</li> <li>-A mild valgus (an outward angle) of the femoral condyles in relationship to the distal femur of the right leg.</li> </ul> <p>During interviews on 08/22/24 at 7:50 A.M. and 11:50 A.M., the Administrator said she didn't think the facility had any injury of unknown origin reports in the month of August. At 11:50 A.M., the Administrator provided a report which indicated one witnessed fall involving another resident and no injuries of unknown origin.</p> <p>During an interview on 08/23/24 at 11:23 A.M., the DON said the following:</p> <ul style="list-style-type: none"> <li>-On 08/07/24, CNA N was caring for the resident. Around 10:00 A.M., CNA N asked him to assess the resident due to the resident's leg not appearing normal. He assessed the resident and found swelling of the right knee, but did not see any bruising or abrasions. He questioned the resident as to what happened and the resident denied anything happening. He also asked CNA N to leave the room and again asked the resident what happened, and the resident denied any injuries.</li> <li>-He also questioned CNA N (who provided care for the resident on 8/7/24) who denied any injuries or accidents occurring;</li> <li>-He did not feel the resident's injury was an injury of unknown origin because both the staff and resident denied anything happening and he asked multiple times. He was also told the fracture was an old fracture, and there were no new fractures that he was made aware of.</li> </ul> <p>During an interview on 8/29/24 at 2:30 P.M. and 6:43 P.M., the Administrator said she expected staff to begin an investigation immediately following an allegation of resident abuse or an injury of unknown origin.</p> <p>2. Review of Resident #49's admission MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> <li>-The resident was able to make self-understood and able to understand others;</li> <li>-Alert and oriented and able to make decisions;</li> <li>-No behaviors, occasionally feels depressed;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Required supervision with ADLs;</p> <p>-Required maximum assistance from one staff to stand and to transfer to the toilet;</p> <p>-The resident did not walk and used a wheelchair.</p> <p>Review of the resident's Care Plan for manipulative behaviors, dated 6/25/24, showed the following:</p> <p>-The resident can have manipulative behaviors and he/she will make statements about self harm;</p> <p>-Caregivers to provide opportunity for positive interactions, attention. If reasonable, discuss the resident behavior. Explain/reinforce why the behavior is inappropriate and/or unacceptable. Intervene as necessary to protect the rights and safety of others. Monitor behavior episodes and attempt to determine underlying cause, consider location, time of day, persons involved, and situations. Document behavior and potential causes.</p> <p>Review of the resident's Nurses Note, dated 8/02/24 at 2:29 P.M., showed LPN B documented that at 2:00 A.M., the resident put on the call light. CNA A went into the resident's room to check what the resident needed. CNA A told the nurse the resident threw a bottle at him/her. LPN B and CNA A went to the resident's room. The resident told LPN B that he/she would kill CNA A with a gun because CNA A went to his/her room and made fun of him/her that he/she should be walking to use the bathroom. LPN B notified the DON, Assistant Director of Nursing (ADON), and the nurse manager.</p> <p>During an interview on 8/12/24 at 12:00 P.M., the resident said the following:</p> <p>-On 8/2/24 during the midnight shift, he/she turned on the call light to get some help to go to the bathroom;</p> <p>-CNA A answered the call light and called him/her a nasty mother fucker and refused to take him/her to the bathroom.</p> <p>During an interview on 8/12/24 at 3:43 P.M., the DON said the following:</p> <p>-On 8/9/24, the SSD told him the resident said CNA A had cursed at him/her during an incident between the resident and CNA A on 8/2/24;</p> <p>-He was working the floor and had an emergent situation he was handling at the time;</p> <p>-He told the SSD to inform the regional nurse;</p> <p>-He assumed the SSD had reported this allegation to the regional nurse.</p> <p>During interviews on 8/12/24 at 10:30 A.M. and 8/21/24 at 9:43 A.M., the Regional Nurse said the following:</p> <p>-On 8/2/24, CNA A left a note under the DON's door stating that the resident cursed at him/her and threw a plastic bottle at him/her;</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-She had the SSD go to the resident to see what was wrong;</p> <p>-The SSD reported that the resident had experienced a loss in his/her family and was somewhat distraught and angry and thought that the incident could have been from this grief;</p> <p>-She had let the DON know about the situation, but there was no investigation done since it was not employee to resident abuse. It was a resident behavior.</p> <p>-No one reported to her that the resident said CNA A cursed at him/her.</p> <p>During an interview on 8/12/24 at 12:00 P.M., the resident said the SSD was the only staff who came to talk to him/her about the what had happened.</p> <p>During an interview on 8/12/24 at 4:00 P.M., CNA A said the following:</p> <p>-On 8/2/24, the resident put on his/her call light and wanted to go to the bathroom;</p> <p>-The resident became very upset, started calling him/her names and threw a plastic bottle at him/her;</p> <p>-He/She reported the incident to the nurse who told him/her to write a statement and leave it under the Administrator's door;</p> <p>-LPN C spoke with him/her about his/her note the next day and told him/her not to go into the resident's room</p> <p>-No one else spoke to him/her about the note or any other allegations made by the resident.</p> <p>During interviews on 8/12/24 at 10:30 A.M. and 8/21/24 at 8:45 A.M., the Director of Operations said the following:</p> <p>-He had heard about a situation that occurred on 8/2/24 between the resident and CNA A, but since the resident had cursed at the aide, there was no abuse and he thought the SSD had taken care of the situation;</p> <p>-The SSD told him the resident admitted he/she had cursed at the employee and also threw a plastic bottle at the employee, but nothing was said about CNA A cursing at the resident;</p> <p>-He was not aware of any accusations of CNA A cursing at the resident;</p> <p>-If he had been made aware of the allegation of the staff cursing at the resident, he would have investigated the allegation.</p> <p>During an interview on 09/11/24 at 5:36 P.M., the DON said following an allegation of abuse, staff should start an investigation which should include an interview with the resident, other residents and staff to see if any witnesses or any other allegations of abuse.</p> <p>MO240331</p> <p>(continued on next page)</p>

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F 0610  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	MO240516  MO241013

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38016</p> <p>Based on interview and record review, the facility failed to ensure four residents (Residents #15, #14, #3, and #13), in a review of nine sampled residents, had a preadmission screening for individuals with a mental disorder and individuals with an intellectual disability (Pre-Admission Screening and Resident Review - PASRR) completed prior to admission. The facility census was 54.</p> <p>Review of the facility policy, Resident Assessment - Coordination with PASRR Program, dated 09/01/21, showed the following:</p> <ul style="list-style-type: none"> <li>-The facility coordinates assessments with the PASRR program under Medicaid to ensure that individuals with a mental disorder (MD), intellectual disability (ID), or a related condition receives care and services in the most integrated setting appropriate to their needs;</li> <li>-All applicants to this facility will be screened for serious mental disorders or intellectual disabilities and related conditions in accordance with the State's Medicaid rules for screening;</li> <li>-PASRR Level I: initial pre-screening that is completed prior to admission. Negative Level I screen permits admission to proceed and ends the PASRR process unless a possible serious MD or ID arises later. Positive Level I screen necessitates a PASRR Level II evaluation prior to admission;</li> <li>-PASRR Level II: a comprehensive evaluation by the appropriate state-designated authority (cannot be completed by the facility) that determines whether the individual has MD, ID, or a related condition, determines the appropriate setting for the individual, and recommends any specialized services and/or rehabilitative services the individual needs;</li> <li>-The facility will only admit individuals with an MD or ID who the state mental health or intellectual disability authority has determined as appropriate for admission;</li> <li>-A record of the pre-screening shall be maintained in the resident's medical record;</li> <li>-The Social Services Director (SSD) shall be responsible for keeping track of each resident's PASRR screening status and referring to the appropriate authority.</li> </ul> <p>1. Review of Resident #15's undated face sheet showed the following:</p> <ul style="list-style-type: none"> <li>-admitted [DATE];</li> <li>-Diagnosis of schizophrenia (a serious mental illness that affects how a person thinks, feel, and behaves).</li> </ul> <p>Review of the resident's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 08/08/24, showed the following:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-PASRR: no, the resident had not been evaluated by a Level II PASRR;</p> <p>-PASRR II: left blank;</p> <p>-Diagnosis of schizophrenia.</p> <p>Review of the resident's medical record showed no documentation a level I or level II PASRR was completed.</p> <p>Review of email correspondence with COMRU (Central Office Medical Registry Unit) on 09/10/24 at 10:08 A. M., showed the resident had a level II screening completed in 2016, however since the level II was over a year old, the facility would need to complete a new online application for replacement.</p> <p>2. Review of Resident #14's undated face sheet showed the following:</p> <p>-admitted [DATE];</p> <p>-Diagnoses of schizoaffective disorder (a mental health condition with a mix of symptoms including hallucinations, delusions, depression, and mania), anxiety disorder (an emotional disorder characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure), and disorganized schizophrenia (a mental disorder characterized by disorganized speech, disorganized behavior, and a flat or inappropriate emotional behavior).</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <p>-Cognitively intact;</p> <p>-PASRR: left blank;</p> <p>-PASRR II: left blank;</p> <p>-Diagnoses of schizophrenia, psychotic disorder, anxiety, and depression.</p> <p>Review of the resident's medical records showed a level I PASRR completed on 10/21/11, without review or approval from COMRU.</p> <p>Review of email correspondence with COMRU on 09/10/24 at 10:08 A.M., showed the resident had a Level II completed in 2009, however a copy was not available due to record retention, and the facility would need to complete a new online application for replacement.</p> <p>3. Review of Resident #3's undated face sheet showed the following:</p> <p>-admitted [DATE];</p> <p>-Diagnosis of schizoaffective disorder.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <p>(continued on next page)</p>

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Cognitively intact;</p> <p>-PASRR: left blank;</p> <p>-Level II PASRR: left blank;</p> <p>-Diagnosis: schizophrenia.</p> <p>Review of the resident's medical record showed a level I PASRR completed on 01/07/08, without review or approval from COMRU.</p> <p>Review of email correspondence with COMRU to the state agency on 09/10/24 at 10:08 A.M. showed a completed copy of the resident's Level I screening was not available due to record retention, the facility would need to complete a new online application for replacement.</p> <p>4. Review of Resident #13's Face Sheet showed the following:</p> <p>-Originally admitted on [DATE], most recent admission on 05/31/23;</p> <p>-Primary admitting diagnoses of major depressive disorder, schizophrenia, anxiety and alcohol-induced persisting dementia.</p> <p>Review of the resident's annual MDS, dated [DATE], showed the following:</p> <p>-The resident had moderately impaired cognition;</p> <p>-PASRR: no, the resident had not been evaluated by a Level II PASRR;</p> <p>-PASRR II: left blank;</p> <p>-Diagnoses of anxiety, depression, schizophrenia and dementia;</p> <p>Review of the resident's medical records showed a level I PASRR completed on 06/27/19, without review or approval from COMRU.</p> <p>5. During an interview on 08/29/24 at 05:32 P.M., the MDS Coordinator said the following:</p> <p>-The Social Service Director (SSD) or MDS Coordinator were responsible for answering the PASRR question on the MDS;</p> <p>-She did not know if the SSD double checks the PASRR question on the MDS;</p> <p>-If the PASRR was not in the resident's electronic medical record, she would not know if there was a PASRR;</p> <p>-When she was not sure how to answer the question she discussed it with the SSD and the SSD took care of it.</p> <p>(continued on next page)</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 08/29/24 at 05:41 P.M., the SSD said the following:</p> <ul style="list-style-type: none"> <li>-She was responsible for the level I and level II process and PASRR's when she was employed at the facility previously (2019);</li> <li>-She left the facility and when she returned (August 2023) the business office completed the process;</li> <li>-She thought someone at the corporate office completed the process now. She was not responsible for the process at this time;</li> <li>-The level I screening was required to be completed prior to admission to the facility and was initiated by the hospital;</li> <li>-Facility staff were not ensuring that the information on the level I screenings was accurate;</li> <li>-If the resident had a previous PASRR screening at another facility, it was the facility's responsibility to request that information from the last facility;</li> <li>-The facility can request the level II from COMRU or may have to reach out to Bock and Associates;</li> <li>-Results from the level I screening and a resident's PASRR was expected to be kept in a resident's electronic medical record.</li> </ul> <p>During an interview on 09/11/24 at 5:26 P.M., the Director of Nursing said the following:</p> <ul style="list-style-type: none"> <li>-He was not involved in the PASRR process;</li> <li>-The SSD was responsible for the Level I and Level II process;</li> <li>-The MDS Coordinator would be expected to review a PASRR if the resident required one to ensure the resident's care plan was consistent with recommendations and services identified on the PASRR.</li> </ul> <p>During an interview on 08/29/24 at 6:10 P.M., the Corporate nurse said the following:</p> <ul style="list-style-type: none"> <li>-Corporate admission staff were not responsible for completing the PASRR level II process;</li> <li>-The facility was responsible for the PASRR level II;</li> <li>-It had always been the SSD's responsibility to ensure the PASRR level II was completed at the facility.</li> </ul> <p>During an interview on 09/11/24 at 4:20 P.M., the Administrator said the following:</p> <ul style="list-style-type: none"> <li>-The SSD was expected to ensure the level I screening was done on all new admissions;</li> <li>-Results of level I screenings would be expected to be in the resident's electronic medical record;</li> </ul> <p>(continued on next page)</p>		

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F 0645  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	-The SSD would coordinate obtaining the level II screening if it was required;  -Staff were expected to review the level II PASRR and ensure identified needs are included or addressed on the resident's care plan.  47008  50189  50675

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<p>F 0646</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the appropriate authorities when residents with MD or ID services has a significant change in condition.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38016</p> <p>Based on interview and record review, the facility failed to notify the appropriate state-designated authority for a Level II Preadmission Screening and Resident Review (PASRR) to ensure residents with diagnoses of a mental disorder or intellectual disability had a level I screen (used to evaluate for the presence of psychiatric conditions to determine if a preadmission screening/resident review (PASRR) level II screen is required) completed as required for two residents (Resident #8 and #13) of nine sampled residents. The facility census was 54.</p> <p>Review of the facility policy titled Resident Assessment - Coordination with PASRR Program, dated 09/01/21, showed the following:</p> <ul style="list-style-type: none"> <li>-All applicants to this facility will be screened for serious mental disorders or intellectual disabilities and related conditions in accordance with the State's Medicaid rules for screening;</li> <li>- A PASRR Level I - initial pre-screening is completed prior to admission;</li> <li>- A negative Level I screen permits admission to proceed and ends the PASARR process unless a possible serious mental disorder or intellectual disability arises later;</li> <li>- A positive Level I screen necessitates a PASRR Level II evaluation prior to admission;</li> </ul> <p>-The PASRR Level II is a comprehensive evaluation by the appropriate state-designated authority (cannot be completed by the facility) that determined whether the individual has Mental Disability (MD), Intellectual Disability (ID), or related condition, determines the appropriate setting for the individual, and recommends any specialized services and/or rehabilitative services the individual needs.</p> <p>1. Review of Resident #8's face sheet showed the following:</p> <ul style="list-style-type: none"> <li>-Initial admission on 02/18/16;</li> <li>-Admission diagnoses included anxiety and major depressive disorder;</li> <li>-Re-admission on 08/30/18;</li> <li>-New diagnosis of schizoaffective disorder (symptoms such as hallucinations and delusions, and mood disorder) on 06/14/19.</li> </ul> <p>Review of the resident's Level I screening, dated 02/18/16, showed:</p> <ul style="list-style-type: none"> <li>-admitted [DATE];</li> <li>-Diagnoses included major depressive disorder and schizoaffective disorder;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0646</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-No Level II was indicated.</p> <p>Review of the resident's re-entry Minimum Data Set (MDS), a federal mandated assessment instrument, completed by facility staff, dated 08/30/18 (from facility record), showed the resident entered from a psychiatric hospital and diagnoses included schizoaffective disorder.</p> <p>Review of email communication with COMRU (Central Office Medical Review Unit), on 09/11/24 at 6:06 P.M., showed a Change in Status PASRR should have been submitted to COMRU when the resident admitted to the psychiatric hospital in 2018.</p> <p>2. Review of Resident #13's Face Sheet showed the following:</p> <p>-Originally admitted on [DATE], most recent admission on 05/31/23;</p> <p>-Primary admitting diagnoses of major depressive disorder, schizophrenia, anxiety and alcohol-induced persisting dementia.</p> <p>Review of the resident's medical records showed a level I screening completed on 06/27/19, without review or approval from COMRU;</p> <p>-The primary nursing facility admitting diagnosis was alcohol-induced major neurocognitive disorder;</p> <p>- A Level II screening was not triggered.</p> <p>Review of the resident's Progress Notes showed the following:</p> <p>-On 05/27/23 at 4:41 P.M., the resident told therapy he/she felt like his/her life wasn't worth living anymore, that his/her depression was increasing daily, and that he/she did not want to shower or eat. Therapy notified the resident's psychiatric physician due to the resident's history of depression and the psychiatric physician recommended a psychiatric evaluation at the hospital;</p> <p>-On 05/27/23 at 5:23 P.M., the resident was sent to the hospital for psychiatric evaluation as ordered by the physician;</p> <p>-05/31/23 at 9:34 P.M., the resident returned to the facility after being discharged from the psychiatric hospital with a discharge diagnosis of depression.</p> <p>Review of the resident's annual MDS, dated [DATE], showed the following:</p> <p>-The resident had moderately impaired cognition;</p> <p>-The resident experienced depression and was often socially isolated;</p> <p>-No documentation of a level II screening;</p> <p>-Diagnoses of anxiety, depression, schizophrenia and dementia;</p> <p>(continued on next page)</p>		

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<p>F 0646</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The resident was taking antipsychotic, antidepressant and antianxiety medications.</p> <p>Review of the resident's undated Care Plan showed the following:</p> <p>-The resident was identified as having a PASRR positive status, related to his/her mental illnesses of schizophrenia, anxiety, insomnia and major depressive disorder;</p> <p>-The resident had little to no activity involvement due to depression;</p> <p>-Staff to encourage the resident to participate in activities.</p> <p>Review of email communication with COMRU on 08/22/24 at 8:34 A.M., showed a Change in Status PASRR should have been submitted to COMRU when the resident was admitted to the psychiatric hospital in 2023 and had a change in nursing facility primary admitting diagnosis.</p> <p>3. During an interview on 08/29/24 at 05:32 P.M., the MDS Coordinator said the following:</p> <p>-The Social Service Director (SSD) or MDS Coordinator was responsible for answering the PASRR question on the MDS;</p> <p>-She did not know if the SSD double checks the PASRR question on the MDS;</p> <p>-If the PASRR was not in the resident's electronic medical record, she would not know if they have one;</p> <p>-When she was not sure how to answer the question she discussed it with the SSD and the SSD takes care of it.</p> <p>During an interview on 08/29/24 at 05:41 P.M., the SSD said the following:</p> <p>-She was responsible for the DA-124 level I and level II process and PASRR's when she was employed at the facility previously (2019);</p> <p>-She left the facility and when she returned (August 2023) the business office was completing the process;</p> <p>-She thought someone at the corporate office completed the process now, she was not responsible;</p> <p>-Staff were not ensuring that the information on the level I screenings was accurate;</p> <p>-The facility would initiate a change of condition PASRR after a meeting with the IDT and a medical person makes the determination;</p> <p>-A screen for a possible change of condition PASRR would be required if the resident had an inpatient psychiatric stay for a new condition or changed mental issue, or a new mental illness diagnosis;</p> <p>-The facility can request the level II from COMRU or may have to reach out to Bock and Associates.</p> <p>(continued on next page)</p>

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<p>F 0646</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 09/11/24, at 5:26 P.M., the Director of Nursing said the following:</p> <ul style="list-style-type: none"> <li>-He was not involved in the PASRR process.</li> <li>-The SSD was responsible for the Level I and Level II processes;</li> <li>-The MDS coordinator would be expected to review a PASRR if the resident required one to ensure the resident's care plan was consistent with recommendations and services identified on the PASRR.</li> </ul> <p>During an interview on 08/29/24 at 6:10 P.M., the Corporate nurse said the following:</p> <ul style="list-style-type: none"> <li>-Corporate admissions was not responsible for completing the PASRR level II process;</li> <li>-The facility was responsible for the PASRR level II;</li> <li>-The SSD had always been responsible to ensure the PASRR level II was completed at the facility.</li> </ul> <p>During an interview on 09/11/24 at 4:20 P.M., the Administrator said the following:</p> <ul style="list-style-type: none"> <li>-The SSD was expected to ensure level I screenings were done on all new admissions;</li> <li>-Results of level I screenings would be expected to be in the resident's electronic medical record;</li> <li>-The SSD should coordinate if a change of condition screening was needed with COMRU;</li> <li>-The SSD should coordinate obtaining the level II screening if it was required;</li> <li>-Staff are expected to review the level II screenings and ensure identified needs are included or addressed on the resident's care plan.</li> </ul> <p>50189</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  08/29/2024
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 0677</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50189</p> <p>Based on observation, interview, and record review, the facility failed to ensure two residents (Residents #23 and #49), who were dependent on staff to complete their activities of daily living (ADLs), in a review of 17 sampled residents, were provided the necessary care to maintain good personal hygiene. Staff failed to assist and provide the residents showers per their shower schedule. The failure caused one resident to be tearful and embarrassed about his/her hygiene. A second resident became emotional and had tears in his/her eyes, saying he/she feels like a grease ball and was embarrassed by his/her greasy hair. The facility census was 54.</p> <p>Review of the facility policy, Resident Showers, dated 09/01/21, showed the following:</p> <ul style="list-style-type: none"> <li>-It is the practice of the facility to assist residents with bathing to maintain proper hygiene, stimulate circulation and help prevent skin issues as per current standards of practice;</li> <li>-Residents will be provided showers as per request or as per facility schedule protocols (per the Kardex the residents are to receive at least two showers a week) and based upon resident safety;</li> <li>-Partial baths may be given between regular shower schedules as per facility policy;</li> <li>-Assist the resident with showers as needed.</li> </ul> <p>1. Review of Resident #23's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 05/22/24, showed the following:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-Limited range of motion in bilateral (both) lower extremities;</li> <li>-Dependent on staff for all ADLs.</li> </ul> <p>Review of the resident's undated Care Plan showed the following:</p> <ul style="list-style-type: none"> <li>-The resident had an ADL self-care performance deficit related to obesity and history of stroke;</li> <li>-One to two staff assistance required for bathing;</li> <li>-If the resident refused to get out of bed for a shower, negotiate a time to return and try again. If resident continued to refuse, offer a bed bath in place of a shower.</li> <li>-The resident's care plan did not include how often the resident was to receive a shower/bathing.</li> </ul> <p>Review of the resident's undated Kardex showed his/her showers/bathing were scheduled for Monday and Thursday evenings.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of the resident's Shower Sheets for June 2024 showed the resident received a shower/bathing on 06/03/24. Review showed no documentation the resident refused or received a shower/bathing on 06/04/24 through 6/30/24 (27 days). (The facility did not provide any additional shower sheets for June 2024.)</p> <p>Review of the resident's Shower Sheets for July 2024 showed the following:</p> <ul style="list-style-type: none"> <li>-The resident received a shower/bathing on 07/01/24, 07/04/24, and 07/08/24;</li> <li>-No documentation the resident refused or received a shower/bathing on 07/09/24 through 07/14/24 (six days);</li> <li>-The resident received a shower/bathing on 07/15/24;</li> <li>-No documentation the resident refused or received a shower/bathing on 07/16/24 through 07/21/24 (six days);</li> <li>-The resident received a shower/bathing on 07/22/24;</li> <li>-The resident refused a shower/bathing on 07/25/24;</li> <li>-The resident received a shower/bathing on 07/29/24 (seven days after his/her last documented shower/bathing).</li> </ul> <p>Review of the resident's Shower Sheets for August 2024 showed the following:</p> <ul style="list-style-type: none"> <li>-The resident received a shower/bathing on 08/01/24, 08/05/24, and 08/08/24;</li> <li>-The resident refused a shower/bathing on 08/12/24;</li> <li>-The resident received a shower/bathing on 08/15/24 (seven days after his/her last documented shower/bathing).</li> </ul> <p>Review of the resident's 30-day Point of Care documentation for bathing for 08/15/24 showed the the resident received a partial bed/towel bath.</p> <p>Review of the resident's Shower Sheets showed the resident received a shower/bathing on 08/19/24.</p> <p>Review of the resident's 30-day Point of Care documentation for bathing showed no entry for 08/19/24.</p> <p>Observation on 08/20/24 at 3:14 P.M. showed the resident's hair was very oily and unclean. His/Her hair was clumped in strands and appeared shiny.</p> <p>During interview on 08/20/24 at 3:14 P.M., the resident said the following:</p> <ul style="list-style-type: none"> <li>-His/Her showers were scheduled two times a week, on Monday and Thursday evenings, after 4:00 P.M.;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>-Most weeks, he/she only received one shower;</p> <p>-Staff was supposed to provide him/her a shower yesterday (08/19/24), but did not;</p> <p>-Staff always told him/her they did not have enough staff to provide a shower;</p> <p>-His/Her last shower was three weeks ago;</p> <p>-He/She was emotional and had tears in his/her eyes, and said he/she feels like a grease ball and is embarrassed by his/her greasy hair.</p> <p>Observation on 08/21/24 at 7:48 A.M. showed the resident's hair was very oily and unclean. His/Her hair was clumped in strands and appeared shiny.</p> <p>During interview on 08/21/24 at 7:48 A.M., the resident said he/she had not received a shower. It was not his/her shower day, so he/she would have to wait one more day until his/her scheduled shower day.</p> <p>Observation on 08/22/24 at 9:31 A.M. showed the resident's hair was very oily and unclean. His/Her was clumped in strands and shiny.</p> <p>During interview on 08/22/24 at 9:31 A.M., the resident said the following:</p> <p>-He/She was scheduled to get a shower later this evening;</p> <p>-He/She was tearful and said, Just look at my hair, it is disgusting and it was unacceptable.</p> <p>During interviews on 08/29/24 at 11:52 A.M. and 5:41 P.M., the resident said the following:</p> <p>-He/She did not receive a shower on Monday (08/26/24); the staff did not attempt or offer;</p> <p>-He/She had refused showers in the past, but had not in the past month;</p> <p>-Every time he/she asked staff for a shower, during the past month, staff told him/her there was not enough staff to complete his/her shower;</p> <p>-He/She had absolutely not received a shower in the last four weeks, other than the previous week (08/23/24) when he/she had to complain to the Director of Nursing (DON);</p> <p>-He/She remembered refusing on 08/12/24, after review of Shower Sheets, but denied receiving any showers, other than on 08/23/24;</p> <p>-He/She asked staff today if he/she would get his/her scheduled shower, and staff replied, I don't know.</p> <p>2. Review of Resident #49's admission MDS, dated [DATE], showed the following:</p> <p>-Cognitively intact;</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>-Limited range of motion on one side of both upper and lower extremities;</p> <p>-Dependent on staff for showers and required minimal assistance with other personal hygiene.</p> <p>Review of the resident's undated Care Plan showed he/she needed extensive assistance with ADLs due to impaired mobility related to previous stroke. The resident's care plan did not include how often the resident was to receive a shower/bathing.</p> <p>Review of the resident's undated Kardex showed his/her showers were scheduled for Monday and Thursday. He/She required assistance from one staff.</p> <p>Review of the resident's Shower Sheets for July 2024 showed the following:</p> <p>-The resident received a shower on 07/17/24;</p> <p>-The resident refused a shower on 7/24/24, 07/27/24, and 07/31/24.</p> <p>Review of the resident's Shower Sheets for August 2024 showed the following:</p> <p>-The resident received a shower on 08/03/24 (17 days after his/her last documented shower on 07/17/24);</p> <p>-No documentation the resident refused or received a shower on 08/04/24 through 08/13/24 (10 days);</p> <p>-The resident received a shower on 08/14/24 and 08/17/24;</p> <p>-The resident refused his/her shower on 08/21/24;</p> <p>-No documentation the resident received a shower after 08/21/24.</p> <p>During an interview on 08/29/24 at 1:20 P.M., the resident said the following:</p> <p>-He/She received a shower yesterday (08/28/24), but prior to that it had been one week since his/her last shower;</p> <p>-He/She wanted two showers a week and was scheduled to get two showers per week;</p> <p>-He/She usually only received one shower a week, and some weeks he/she didn't get a shower at all;</p> <p>-Staff told him/her they were unable to complete showers due to not having enough staff;</p> <p>-The resident emotional and had tears in his/her eyes, and said he/she feels like a grease ball and is embarrassed by his/her greasy hair.;</p> <p>-He/She had refused in the past, but had not refused in the past month.</p> <p>3. During an interview on 08/29/24 at 12:06 P.M., Certified Nurse Assistant (CNA) R said the following:</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>-Most residents were scheduled for showers two times per week;</p> <p>-If a resident refused, the resident must sign the shower sheet, indicating they refused;</p> <p>-Some residents refuse all day long, then ask to shower the next day, if this happened, he/she would try to get the resident showered, but must complete the scheduled showers first.</p> <p>During an interview on 08/29/24 at 12:09 P.M., CNA N said the following:</p> <p>-Staff fill out a shower sheet for every scheduled shower;</p> <p>-Most residents were scheduled for showers two times per week;</p> <p>-Some residents refused on their scheduled shower days, then asked for a shower on a different day. When this happened, he/she tried to accommodate the resident, but his/her first priority was completing the scheduled showers for that day.</p> <p>During an interview on 09/11/24, at 5:36 P.M., the DON said the following:</p> <p>-Staff were to complete shower sheets, and document if a resident refused;</p> <p>-If a resident refused, the CNA needed to notify the nurse, and the nurse was supposed to speak to the resident. If the resident continued to refuse, staff were to notify the physician and family/guardian and document those actions in the resident's medical record;</p> <p>-Staff were to encourage bathing and document it accurately;</p> <p>-It would never be okay for a resident to go three to four weeks without a shower.</p> <p>During an interview on 08/29/24 at 6:43 P.M., the Administrator said she expected staff to give residents two showers per week. The residents should not have greasy or dirty appearing hair.</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</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> 50189</p> <p>Based on interview and record review, the facility failed to safely transfer one cognitively intact resident (Resident #157), who had a diagnosis of quadriplegia (a symptom of paralysis that affects all a person's limbs and body from the neck down), in a review of 17 sampled residents. Per the resident's interview, two unidentified staff (only identified by gender) failed to maintain control of the resident during a mechanical lift transfer, causing the resident's legs to hit the lift. When the resident was over the bed, staff hit the emergency release instead of the lowering button, and the resident dropped to the bed with his/her legs bent underneath him/her. During assessment, staff identified the resident had skin tears to both of his/her legs. The resident had pain and swelling in his/her legs and was sent to the hospital for evaluation. The resident was diagnosed with bilateral leg fractures consistent with the described incident. Staff failed to safely transfer two residents (Residents #12 and #36) in the mechanical lift when staff did not maintain control of the residents during the transfer. The wheels on the mechanical lift did not function properly during the transfers and staff forcefully pushed the lifts causing the residents to swing while suspended in the mechanical lift. The facility failed ensure the mechanical lifts utilized to transfer residents were maintained in good repair to ensure resident safety during transfers. The facility census was 54.</p> <p>The administrator was notified of the Immediate Jeopardy (IJ) on 8/23/24 at 5:00 P.M. which began on 8/5/24. The IJ was removed on 8/27/24 as confirmed by surveyor onsite verification.</p> <p>Review of the facility policy, Safe Resident Handling/Transfers, dated 09/01/21, showed the following:</p> <ul style="list-style-type: none"> <li>-The facility is to ensure that residents are handled and transferred safely to prevent or minimize risks for injury;</li> <li>-All residents require safe handling when transferred to prevent or minimize the risk for injury to themselves;</li> <li>-Dependent upon the resident's condition and mobility, the use of mechanical lifts are a safer alternative and should be used;</li> <li>-Resident lifting and transferring will be performed according to the resident's individual plan of care;</li> <li>-Staff will inspect the equipment prior to use to ensure functionality and will alert maintenance or other designee if the equipment is not functioning properly;</li> <li>-Damaged, broken, or improperly functioning lift equipment will not be used and tagged out according to facility policy;</li> <li>-Staff members are expected to maintain compliance with safe handling/transfer practices. Failure to maintain compliance may lead to disciplinary action up to and including termination of employment.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>1. Review of Resident #157's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by staff, dated 06/17/24, showed the following:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-Limited range of motion in bilateral upper and lower extremities;</li> <li>-Dependent on staff for all transfers.</li> </ul> <p>Review of the resident's Face Sheet, dated August 2024, showed the following diagnoses:</p> <ul style="list-style-type: none"> <li>-Quadriplegia;</li> <li>-Need for assistance with personal care;</li> <li>-Other abnormalities of gait and mobility.</li> </ul> <p>Review of the resident's undated Care Plan showed the following:</p> <ul style="list-style-type: none"> <li>-The resident was unable to ambulate;</li> <li>-The resident was dependent on staff for all activities of daily living, including transfers;</li> <li>-Two staff were to use a Hoyer lift for transfers, and to use proper safety precautions.</li> </ul> <p>Review of the resident's Physician Orders, dated August 2024, showed oxycodone (a narcotic pain medication used to treat moderate to severe pain) 10 milligram (mg) tablet, give 10 mg every six hours as needed for pain.</p> <p>Review of the resident's Medication Administration Record (MAR), dated August 2024, showed staff administered oxycodone 10 mg as needed on 08/02/24 at 1:35 P.M. for a pain level of eight (on a scale of one to ten with a ten being the most pain).</p> <p>Review of the resident's MAR on 08/05/24 showed staff administered oxycodone 10 mg at 4:51 A.M. for a pain level of six.</p> <p>Review of the resident's Progress Note, dated 08/05/24 at 12:08 P.M. showed the MDS Coordinator/Licensed Practical Nurse (LPN) S was made aware of two skin tears on the resident's shins. He/She measured and assessed the skin tears.</p> <p>Review of the resident's Weekly Skin Check, dated 08/05/24, showed the following:</p> <ul style="list-style-type: none"> <li>-Skin tear to the front of the right lower leg;</li> <li>-Skin tear to the front of the left lower leg.</li> </ul> <p>During an interview on 08/28/24 at 5:33 A.M., Certified Nurse Assistant (CNA) V said the following:</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>-He/She worked with the resident on 08/05/24;</p> <p>-He/She noticed both the resident's legs were swollen and there was a skin tear on the left lower leg;</p> <p>-He/She asked the resident what happened, and the resident said it must have happened when staff were rolling him/her in bed, but he/she could not say exactly when it happened;</p> <p>-He/She notified the wound nurse of the swelling, skin tear and what the resident reported happened.</p> <p>During an interview on 08/23/24 at 10:00 A.M., the wound nurse said the following:</p> <p>-On 08/05/24, staff notified him/her of skin tears on the resident's legs;</p> <p>-The staff told him/her the resident's legs hit the wall when staff rolled the resident onto his/her side while in bed;</p> <p>-He/She did not ask the resident what happened or initiate any further investigation or reporting.</p> <p>Review of the resident's medical record showed no documentation to show the resident obtained the skin tears as a result of staff rolling him/her into the wall while in bed.</p> <p>Review of the resident's MAR on 08/05/24 showed staff administered oxycodone 10 mg at 1:54 P.M. for a pain level of five.</p> <p>Review of the resident's MAR on 08/06/24 showed staff administered oxycodone 10 mg at 12:45 A.M. for a pain level of five.</p> <p>Review of the resident's Progress Note, dated 08/07/24 at 11:30 A.M., showed the Director of Nursing (DON) documented a CNA (CNA N) notified him/her that the resident's bilateral lower extremities appeared to look different. The DON assessed the bilateral lower extremities and found no bruising, abrasions, cuts or tears. The DON noticed swelling to the resident's right knee. The DON notified the nurse practitioner (NP) who was in the building at the time. The NP assessed the resident, found no signs of recent trauma, like bruising, but ordered x-rays (a photographic, or digital image, of the inside of the body) of the bilateral lower extremities to rule out fractures. The resident was cognitively intact, alert and oriented, and was asked about recent falls or other injuries and the resident denied experiencing any incidents.</p> <p>During an interview on 08/23/24 at 4:10 P.M., CNA N said the following:</p> <p>-He/She worked with the resident on 08/07/24;</p> <p>-He/She had worked with the resident prior to 08/07/24, but it had been a few days;</p> <p>-Prior to 08/07/24, he/she had not noticed anything abnormal with the resident's legs;</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>-He/She notified the DON that the resident's legs were swollen and the left leg was curved different and did not appear normal;</p> <p>-He/She asked the resident what happened, and the resident said he/she did not know.</p> <p>Review of the resident's Physician Progress Note, dated 08/07/24, showed the resident was seen for complaints of right knee pain and left leg pain. The resident's right knee was swollen and his/her left leg was slightly deformed and bowed out. The resident was sent to the emergency room after x-ray results, which showed fluid on the right knee and a fracture of the left lower leg.</p> <p>Review of the resident's x-ray results, dated 08/07/24, showed the following:</p> <p>-Comminuted (caused by trauma) fracture of the left medial femoral condyle (the lower portion of the femur, or thigh bone);</p> <p>-Relatively nondisplaced (still in correct position or alignment) comminuted oblique fracture (a type of broken bone, where the bone is broken at an angle and the break goes all the way through the bone) at the proximal diaphyseal aspect of the tibia (the upper portion of the lower leg bone, closest to the knee);</p> <p>-Moderate-sized suprapatellar effusion (swelling around the knee) with a nondisplaced oblique fracture at the proximal diaphyseal aspect of the tibia;</p> <p>-Relatively nondisplaced fracture at the distal diaphyseal aspect of the femur (the lower portion of the upper leg bone, closest to the knee);</p> <p>-A CT Scan (a diagnostic imaging procedure that uses x-rays and computer technology to produce more detailed images of inside the body) was recommended for full assessment.</p> <p>Review of the resident's MAR on 08/07/24 showed staff administered oxycodone 10 mg at 11:13 P.M. for a pain level of four.</p> <p>Review of the resident's MAR on 08/08/24 showed staff administered oxycodone 10 mg at 11:35 P.M. for a pain level of six.</p> <p>Review of the resident's Progress Note, dated 08/08/24 at 4:52 P.M., showed the resident had a deformity in the left lower extremity that was bowed out. The NP wanted the resident sent to the emergency room for a CT scan to rule out pathological fractures of the left lower extremity and right lower leg, including the tibia (bone of the lower leg) and femur (bone of the upper leg, or thigh). The resident will need an orthopedic consult. Emergency Medical Services (EMS) called at this time to transport to the emergency room .</p> <p>Review of the resident's MAR on 08/08/24 showed staff administered oxycodone 10 mg at 5:20 P.M. for a pain level of six.</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  08/29/2024
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.			
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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of the resident's Progress Note, dated 08/08/24 at 6:45 P.M. showed the facility received orders from the NP to send to the resident to the emergency room for a bone density scan (a low-dose x-ray that measures calcium and other minerals in your bones to determine bone strength). Staff administered as needed pain medication (oxycodone) for six out of ten back pain. The EMS team left the facility with the resident.</p> <p>Review of the EMS Report, dated 08/08/24, showed the following:</p> <ul style="list-style-type: none"> <li>-Primary impression: extremity pain;</li> <li>-Chief complaint: leg pain for two days;</li> <li>-Extremities assessment: bilateral whole legs, motor function absent, pain, and swelling;</li> <li>-Narrative: the resident reported his/her legs had been swollen and hurting for a couple days.</li> </ul> <p>Review of the resident's hospital orthopedic consultation note, dated 08/12/24, showed the following:</p> <ul style="list-style-type: none"> <li>-The resident was not able to move his/her legs, but had the ability to detect pain in the legs;</li> <li>-The resident reported pain in the right leg at the kneecap and around the left lower leg;</li> <li>-The resident reported being moved with a Hoyer lift, when his/her knees torqued (twisted) after his/her legs were caught during movement;</li> <li>-X-rays were taken and the resident was found to have nondisplaced fractures of the right distal femur and left proximal tibia.</li> </ul> <p>Review of the resident's hospital x-ray records, dated 08/13/24, showed the following:</p> <ul style="list-style-type: none"> <li>-A comminuted mildly displaced fracture through the proximal tibial metadiaphysis of the left leg;</li> <li>-A comminuted mildly displaced fracture through the fibular neck of the left leg;</li> <li>-A mildly displaced supracondylar fracture of the distal femur of the right leg and may have intra-articular extension (the fracture continues into the joint space, indicating a more serious injury);</li> <li>-A mild valgus (an outward angle) of the femoral condyles in relationship to the distal femur of the right leg.</li> </ul> <p>Review of the resident's hospitalist discharge note, dated 08/14/24, showed the following:</p> <ul style="list-style-type: none"> <li>-The resident complained of bilateral leg pain;</li> <li>-Imaging demonstrated fractures;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>-Orthopedics saw the resident and recommended conservative (no surgery) management given his/her paraplegia;</p> <p>-The resident reported his/her legs were twisted at the nursing home, while in a lift;</p> <p>-It is felt this was when the fractures occurred.</p> <p>During interview on 08/22/24 at 5:46 P.M., the resident said the following:</p> <p>-He/She did not have movement in his/her extremities, but did have feeling;</p> <p>-He/She was sent to the hospital due to increased pain and fractures;</p> <p>-He/She reported two CNAs (only identified by gender) transferred him/her with a Hoyer lift and had problems with the lift, as it was being wonky to rotate around. The sling attachment that rotated his/her body and the legs of the lift were not moving smoothly, making the transfer feel unstable;</p> <p>-As the staff turned him/her in the lift, his/her legs hit one side of the lift. As the staff spun him/her the other way, his/her legs hit the other side of the lift;</p> <p>-When the staff went to lower him/her to the bed, the staff used the emergency release and lowered the resident quickly onto the bed with his/her legs bent underneath his/her body;</p> <p>-After this occurred, the staff repositioned him/her; he/she did not notice any pain;</p> <p>-No other staff came in that day to check on him/her. He/she did not report this to any staff as he/she was not experiencing pain;</p> <p>-The nurse practitioner came to see him/her on 8/7/24, the day before he/she was sent to the hospital (the resident was sent to the hospital on 8/8/24), two or three days after the incident occurred. He/She told the NP his/her legs hit the Hoyer lift during a transfer;</p> <p>-The wound nurse noticed skin tears on both of his/her lower legs a day or two before the NP saw him/her;</p> <p>-He/She told the NP and the DON on 08/07/24 about his/her legs hitting the Hoyer lift during the transfer.</p> <p>During interviews on 08/22/24 at 7:50 A.M. and 11:50 A.M., the Administrator said she didn't think the facility had any incidents or injury of unknown origin reports in the month of August. At 11:50 A.M., the Administrator provided a report which indicated one witnessed fall involving another resident and no injuries of unknown origin.</p> <p>During an interview on 08/23/24 at 10:44 A.M., the NP said the following:</p> <p>-A CNA told him/her the resident wanted to talk to him/her about pain in his/her right knee (on 8/7/24);</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>-Upon examination, he/she noticed extreme swelling and tenderness in the resident's right knee, and the resident complained of pain in the left leg, which he/she then noticed was bowed out;</p> <p>-He/She ordered an x-ray to rule out a fracture;</p> <p>-He/She asked the resident what happened and if the resident had sustained any injuries from his/her wheelchair, staff, or transfers; all of which the resident denied;</p> <p>-He/She received results of the x-ray the next day (8/8/24);</p> <p>-The x-ray showed fractures, but he/she could not identify if they were old or new fractures;</p> <p>-He/She notified the facility staff to send the resident to the hospital for further evaluation due to the fractures;</p> <p>-He/She would not consider the resident's injuries to be of unknown origin; he/she would call it a pathological (indicative of or caused by a disease) fracture due to the resident's quadriplegia;</p> <p>-He/She denied the resident having any known calcium, vitamin, or bone deficiency, but wanted to get the resident tested ;</p> <p>-He/She explained the comminuted fracture could be caused by the twisting or turning of the limb, which could occur with any transfer or wrong movement;</p> <p>-He/She recalled the resident saying, during his/her evaluation on 08/07/24, that sometimes when the staff is doing a transfer, his/her leg swing back and forth.</p> <p>During an interview on 08/23/24 at 11:23 A.M., the DON said the following:</p> <p>-On 08/07/24, CNA N was caring for the resident. Around 10:00 A.M., CNA N asked him to assess the resident due to the resident's leg not appearing normal. He assessed the resident and found swelling of the right knee, but did not see any bruising or abrasions. He questioned the resident as to what happened and the resident denied anything happening. He also asked CNA N to leave the room and again asked the resident what happened, and the resident denied any injuries. He then notified the NP who was in the building, and asked him/her to assess the resident. The NP ordered x-rays;</p> <p>-The following day he was notified of the x-ray results, sent the results to the NP, and received orders to send the resident to the hospital for further evaluation;</p> <p>-He also questioned CNA N (who provided care for the resident on 8/7/24) who denied any injuries or accidents occurring;</p> <p>-He did not feel the resident's injury was an injury of unknown origin because both the staff and resident denied anything happening and he asked multiple times. He was also told the fracture was an old fracture, and there were no new fractures that he was made aware of.</p> <p>2. Review of Resident #12's quarterly MDS, dated [DATE], showed the following:</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>-The resident was cognitively intact;</p> <p>-The resident had limited range of motion in both lower extremities;</p> <p>-The resident was dependent on staff for all transfers.</p> <p>Review of the resident's undated Care Plan showed the following:</p> <p>-The resident was dependent on staff for all transfers and required a full body lift transfer;</p> <p>-Staff were to support the resident's body and legs during a full body lift transfer;</p> <p>-Transfer status: the resident required a hoyer lift with the assistance of two staff.</p> <p>Observation on 08/21/24 at 2:05 P.M., showed the following:</p> <p>-CNA N and CNA Q transferred the resident from the shower chair to the bed with a Hoyer lift (mechanical lift);</p> <p>-CNA N operated the lift, while CNA Q controlled the resident's body;</p> <p>-Once the resident was lifted out of the chair and was suspended in the air in the Hoyer lift sling, CNA Q let go of the resident's body, walked away from the resident and went to the far side of the bed. The resident was suspended over the floor in the room;</p> <p>-CNA N pushed the Hoyer lift forcefully with the resident in lift. CNA N said the wheels on the lift were sticking. The resident swung uncontrolled side to side until CNA N grabbed the Hoyer sling to steady the resident.</p> <p>During an interview on 08/22/24 at 4:05 P.M., CNA Q said staff should always keep control of the resident during a mechanical lift transfer. He/She let go of the resident during the transfer on 08/21/24 to make room to move the resident from the shower chair to the bed. The other CNA (CNA N) put his/her hand on the resident to steady him/her.</p> <p>3. Review of Resident #36's annual MDS, dated [DATE], showed the following:</p> <p>-The resident was cognitively intact;</p> <p>-The resident had limited range of motion in upper and lower extremities on one side;</p> <p>-The resident was dependent on staff for all transfers.</p> <p>Review of the resident's undated Care Plan showed the following:</p> <p>-The resident was dependent on staff for all transfers;</p> <p>-Transfer status: the resident required a hoyer lift with the assistance of two staff.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Observation on 08/21/24 at 2:49 P.M., showed the following:</p> <ul style="list-style-type: none"> <li>-CNA Q and CNA O transferred the resident from his/her wheelchair to the bed with a Hoyer lift;</li> <li>-CNA O operated the lift, while CNA Q controlled the resident's body;</li> <li>-While CNA O lifted the resident in the Hoyer lift; the Hoyer lift made creaking and popping sounds. The lifting motion was jerking and bouncing the resident;</li> <li>-Once the resident was lifted out of the chair, CNA Q let go the resident's body, walked away from the resident and went to the far side of the bed The resident was suspended over the floor in the room;</li> <li>-CNA O kicked the wheels and legs of the Hoyer lift and pushed it forcefully while pushing the resident in the lift to the bed. The resident swung uncontrolled forward and backward and side to side, over the floor, until CNA O was able to grab the sling and steady the resident.</li> </ul> <p>During an interview on 08/22/24 at 4:05 P.M., CNA Q said staff should always keep control of the resident during a mechanical lift transfer. He/She let go of the resident during the transfer on 08/21/24 to make room to move the resident from his/her wheelchair to the bed. The other CNA (CNA O) put his/her hand on the resident to steady him/her.</p> <p>During an interview on 09/11/24, at 5:36 P.M., the DON said he expected two staff to be present during a Hoyer lift transfer. One staff was to work the lift and the other staff was to maintain contact with the resident during the transfer.</p> <p>4. During an interview on 08/22/24 at 1:51 P.M., CNA M said some of the lifts were hard to use. The Hoyer lift legs didn't always roll or move freely. Sometimes staff had to kick or jerk the lift to get the wheels to move, which could be unsafe for the residents as the transfers were not smooth.</p> <p>During an interview on 08/22/24 at 4:05 P.M., CNA Q said the following:</p> <ul style="list-style-type: none"> <li>-The Hoyer lifts had malfunctioned on him/her before. The legs and wheels got stuck on one of the lifts and made it hard to use;</li> <li>-He/She has had a resident's legs get caught when transferring with the Hoyer lift, however, he/she immediately lowered the resident down and repositioned the resident prior to continuing the transfer;</li> <li>-He/She had never had any resident injured during a hoyer transfer.</li> </ul> <p>During interview on 08/23/24 at 9:06 A.M. and 9:40 A.M., CNA O said the following:</p> <ul style="list-style-type: none"> <li>-One of the Hoyer lifts was hard to use due to the wheels sticking;</li> <li>-He/She had not reported the wheels sticking because the lift was still useable, just hard to use.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During an interview on 08/23/24 at 9:57 A.M., CNA N said two of the Hoyer lifts had issues with the legs sticking and the wheels not rolling.</p> <p>During an interview on 08/23/24 at 9:32 A.M., CNA M said the following:</p> <ul style="list-style-type: none"> <li>-The facility had three Hoyer lifts;</li> <li>-Staff could not use one of the Hoyer lifts because the battery was broken, and the other two Hoyer lifts were hard to use due to the legs and wheels sticking, but staff had to use them.</li> </ul> <p>During interviews on 08/23/24 at 11:23 A.M., the DON said the following:</p> <ul style="list-style-type: none"> <li>-The facility had three Hoyer lifts and one was not working due to a battery issue;</li> <li>-Staff had not notified him of any issues with or difficulty using the other two Hoyer lifts;</li> <li>-He expected staff to notify him and maintenance staff if they had concerns with the functionality of the Hoyer lifts.</li> </ul> <p>During an interview on 09/11/24, at 5:36 P.M., the DON said following survey exit, one Hoyer lift was taken out of service because it would lower quickly when the red emergency button was pushed.</p> <p>During an interview on 09/11/24, at 2:10 P.M., the Administrator said she expected the the Hoyer lifts to work properly. If there were issues with the [NAME] wheels, electric or charging components, loose parts, or other malfunctions, the equipment should be taken out of service.</p> <p>NOTE: At the time of the survey, the violation was determined to be at the immediate jeopardy level J. Based on 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 D 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>MO240516</p> <p>MO241013</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38016</p> <p>Based on observation, interview, and record review, the facility failed to provide sufficient staff to meet the residents' needs in the event of an emergency for two residents (Residents #25 and #157), in a review of 17 sampled residents. The residents' care plans directed for four staff to lower the resident to the ground with a sling and drag the residents out of the building to safety on a lift pad in the event on an emergency evacuation. The facility staffing showed three or less staff worked on the night shift on seven days between 7/12/24 and 8/26/24. Insufficient staff to evacuate the resident had the potential to cause serious injury, harm or death in the event of an emergency requiring an emergency evacuation. The facility assessment identified five staff were needed on the night shift to meet the residents' needs. The facility failed to ensure at least five staff worked on the night shift on 19 days between 7/12/24 and 8/26/24. The facility failed to provide sufficient staff to ensure two residents (Residents #23 and #49) received showers as scheduled. The facility census was 54.</p> <p>The administrator was notified of the Immediate Jeopardy (IJ) on 08/28/24 at 5:40 P.M. which began on 07/12/24. The IJ was removed on 08/29/24 as confirmed by surveyor onsite verification.</p> <p>Review of the facility policy, Nursing Services and Sufficient Staff, revised 09/01/21, 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;</p> <p>-Providing care includes, but is not limited to, assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.</p> <p>1. Review of the Facility Assessment, dated 08/02/24, showed the assessment identified five staff were needed for the night shift (two Licensed Practical Nurses (LPN) and three Certified Nurses Assistants (CNA)).</p> <p>2. Review of the facility time record (Daily Punches), dated 07/01/24 through 08/26/24, and the Detailed Census Report showed the following:</p> <p>-On 07/12/24, the facility census was 56. Four staff (two CNAs, one Registered Nurse (RN) and one LPN) were in the building on the night shift from 12:01 A.M. through 6:38 A.M. (a total of six hours and 37 minutes);</p> <p>-On 07/14/24, the facility census was 55. Four staff (one CNA, one RN and two LPNs) were in the building on the night shift from 11:00 P.M. through 7:00 A.M. (a total of eight hours);</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>-On 07/17/24, the facility census was 55. Three staff (one CNA, one RN and one LPN) were in the building on the night shift from 1:08 A.M. through 5:23 A.M. (a total of four hours and 15 minutes)</p> <p>-On 07/21/24, the facility census was 56. Three staff (one RN and two LPNs) were in the building on the night shift from 12:53 A.M. through 6:01 A.M. (a total of five hours and eight minutes);</p> <p>-On 07/23/24, the facility census was 56. Four staff (two CNAs and two LPNs) were in the building on the night shift from 11:00 P.M. through 4:15 A.M. (a total of five hours and 15 minutes);</p> <p>-On 07/24/24, the facility census was 56. Four staff (two CNAs, one RN and one LPN) were in the building on the night shift from 12:05 A.M. through 6:05 A.M. (a total of six hours);</p> <p>-On 07/30/24, the facility census was 54. Three staff (one CNA and two LPNs) were in the building on the night shift from 12:38 A.M. through 6:27 A.M. (a total of five hours and 49 minutes);</p> <p>-On 08/02/24, the facility census was 54. Four staff (one RN, one LPN and two CNAs) were in the building on night shift from 11:55 P.M. through 6:56 A.M. (a total of seven hours and one minute);</p> <p>-On 08/08/24, the facility census was 55. Four staff (two LPNs and two CNAs) were in the building on the night shift from 11:00 P.M. through 6:14 A.M. (a total of seven hours and 14 minutes);</p> <p>-On 08/10/24, the facility census was 54. Two staff (one LPN and one CNA) were in the building on the night shift from 11:00 P.M. through 4:40 A.M. (a total of five hours and 40 minutes);</p> <p>-On 08/11/24, the facility census was 54. Two staff (the Assistant Director of Nursing (ADON) and one CNA) were in the building on the night shift from 11:00 P.M. through 3:54 A.M. (a total of four hours and 54 minutes);</p> <p>-On 08/14/24, the facility census was 53. Four staff (one RN, two LPNs and one CNA) were in the building on the night shift from 11:00 P.M. through 7:00 A.M. (a total of eight hours);</p> <p>-On 08/16/24, the facility census was 53. Four staff (three CNAs and one LPN) were in the building on night shift from 11:00 P.M. through 6:32 A.M. (a total of seven hours and 32 minutes);</p> <p>-On 08/17/24, the facility census was 52. Four staff (two CNAs, one Trained Medication Aide (TMA) and one LPN) were in the building on the night shift from 12:25 A.M. through 6:54 A.M. (a total of six hours and 29 minutes);</p> <p>-On 08/19/24, the facility census was 52. Three staff (one CNA, one RN and one LPN) were in the building on the night shift from 11:00 P.M. through 6:49 A.M. (a total of seven hours and 49 minutes);</p> <p>-On 08/21/24, the facility census was 53. Two staff (one RN and one LPN) were in the building on the night shift from 11:00 P.M. through 12:12 A.M. A CNA began work at 12:12 A.M. so three staff were in the building from 12:12 A.M. until 6:32 A.M. (a total of seven hours and 32 minutes);</p> <p>-On 08/24/24, the facility census was 53. Four staff (two RNs and two CNAs) were in the building on the night shift from 11:00 P.M. through 6:30 A.M. (a total of seven hours and 30 minutes);</p> <p>(continued on next page)</p>		

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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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>-On 08/25/24, the facility census was 53. Four staff (one RN and three CNAs) were in the building on the night shift from 11:00 P.M. through 6:11 A.M. (a total of seven hours and 11 minutes);</p> <p>-On 08/26/24, the facility census was 52. Three staff (one RN, one LPN and one CNA) were in the building on the night shift from 11:00 P.M. through 5:43 A.M. (a total of six hours and 43 minutes).</p> <p>3. Review of Resident #25's admission record, dated 09/28/21, showed the resident's diagnoses included obesity, contracture (permanent tightening of muscles, tendons, ligaments or skin that limits movement in a joint or body part) of knee, unsteadiness on feet, generalized muscle weakness, and the need for assistance with personal care.</p> <p>Review of the resident's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 07/14/24, showed the following:</p> <p>-Cognitively intact;</p> <p>-The resident had functional limitations in range of motion (ROM) with upper extremity impairment on one side and lower extremity impairment on both sides;</p> <p>-The resident needed maximal assistance with lying to sitting on the side of the bed, sit to stand, and chair/bed to chair transfer;</p> <p>-The resident was 60 inches tall and weighed 302 pounds.</p> <p>Review of the resident's care plan, revised 07/31/24, showed the following:</p> <p>-Emergency evacuation - the resident had a bariatric bed and required assistance from staff for transfers;</p> <p>-Staff use bariatric sling at bedside;</p> <p>-Place bariatric sling under resident, put bed in lowest position and assist to floor times four staff and slide resident to safety.</p> <p>During interviews on 08/20/24 at 12:43 P.M., 08/27/24 at 3:49 P.M. and 08/28/24 at 11:43 A.M., the resident said the following:</p> <p>-There were not always four staff members working on the night shifts;</p> <p>-If staff had to physically move him/her out of the building it would take at least four staff members to do so.</p> <p>-The resident assumed he/she would be evacuated by wheelchair. The resident's electric wheelchair was not working during the survey and he/she did not have a manual wheelchair available the first couple days of the survey.</p> <p>During an interview on 08/27/24 at 3:31 P.M., Trained Medication Aide (TMA) W said it would take four people to use a blanket to get the resident out of the building safely.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During an interview on 08/27/24 at 5:38 P.M., LPN C/Infection Preventionist (IP) said the resident would require four staff to move him/her from his/her bed, to the floor, onto a sheet and to drag him/her to safety.</p> <p>During an interview on 08/27/24 at 3:40 P.M., LPN B said the resident would require four staff to transfer him/her to the floor and pull him/her out with a sheet.</p> <p>4. Review of Resident #157's admission MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-Dependent on staff for all transfers.</li> </ul> <p>Review of the resident's Face Sheet, dated August 2024, showed the resident's diagnoses included quadriplegia (paralysis or loss of normal motor function that affects all of a person's limbs).</p> <p>Review of the resident's undated Care Plan showed the following:</p> <ul style="list-style-type: none"> <li>-The resident was dependent on staff for all activities of daily living, including transfers;</li> <li>-Unable to ambulate;</li> <li>-Ensure to use Hoyer lift for transfers, use proper safety precautions;</li> <li>-Emergency Evacuation: the resident is dependent on staff for transfer. Place sling under the resident, place bed in the lowest position, four staff to assist resident to the floor, and slide to safety.</li> </ul> <p>During an interview on 08/27/24 at 5:38 P.M., LPN C/IP said the resident would require four staff to move him/her from his/her bed, to the floor, onto a sheet and to drag him/her to safety.</p> <p>5. Review of Resident #23's quarterly MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-Dependent on staff for all ADLs.</li> </ul> <p>Review of the resident's undated Care Plan showed the resident required one to two staff assistance for bathing.</p> <p>Review of the resident's undated Kardex showed his/her showers/bathing were scheduled for Monday and Thursday evenings.</p> <p>Review of the resident's Shower Sheets, for June 2024, showed the resident received a shower/bathing on 06/03/24. Review showed no documentation the resident refused or received a shower/bathing on 06/04/24 through 6/30/24 (27 days). (The facility did not provide any additional shower sheets for June 2024.)</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of the resident's Shower Sheets for July 2024 showed the following:</p> <ul style="list-style-type: none"> <li>-The resident received a shower/bathing on 07/01/24, 07/04/24, and 07/08/24;</li> <li>-No documentation the resident refused or received a shower/bathing on 07/09/24 through 07/14/24 (six days);</li> <li>-The resident received a shower/bathing on 07/15/24;</li> <li>-No documentation the resident refused or received a shower/bathing on 07/16/24 through 07/21/24 (six days);</li> <li>-The resident received a shower/bathing on 07/22/24;</li> <li>-The resident refused a shower/bathing on 07/25/24;</li> <li>-The resident received a shower/bathing on 07/29/24 (seven days after his/her last documented shower/bathing).</li> </ul> <p>Review of the resident's Shower Sheets for August 2024 showed the following:</p> <ul style="list-style-type: none"> <li>-The resident received a shower/bathing on 08/01/24, 08/05/24, and 08/08/24;</li> <li>-The resident refused a shower/bathing on 08/12/24;</li> <li>-The resident received a shower/bathing on 08/15/24 (seven days after his/her last documented shower/bathing).</li> </ul> <p>Review of the resident's 30-day Point of Care documentation for bathing for 08/15/24 showed the resident received a partial bed/towel bath.</p> <p>Review of the resident's Shower Sheets showed the resident received a shower/bathing on 08/19/24.</p> <p>Review of the resident's 30-day Point of Care documentation for bathing showed no entry for 08/19/24.</p> <p>Observation on 08/20/24 at 3:14 P.M. showed the resident's hair was very oily and unclean. His/Her hair was clumped in strands and appeared shiny.</p> <p>During an interview on 08/20/24 at 3:14 P.M., the resident said the following:</p> <ul style="list-style-type: none"> <li>-He/She has had to wait up to four hours for staff to answer his/her call light;</li> <li>-The staffing on the weekends was always short; there never seemed to be enough staff;</li> <li>-Usually there was only one CNA on the weekends;</li> <li>-It could take staff a minimum of one hour to answer his/her call light on the weekends;</li> </ul> <p>(continued on next page)</p>

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>-He/She was supposed to get showers two times per week, in the evening, but he/she typically only received one;</p> <p>-His/Her showers were scheduled two times a week, on Monday and Thursday evenings, after 4:00 P.M.;</p> <p>-Staff was supposed to provide him/her a shower yesterday (08/19/24), but did not;</p> <p>-Staff tell him/her they can't give him/her a shower due to not having enough staff;</p> <p>-He/She has not had a shower in three weeks;</p> <p>-He/She was emotional and had tears in his/her eyes, and said he/she feels like a grease ball and is embarrassed by his/her greasy hair.</p> <p>Observation on 08/21/24 at 7:48 A.M. showed the resident's hair was very oily and unclean. His/Her hair was clumped in strands and appeared shiny.</p> <p>During interview on 08/21/24 at 7:48 A.M., the resident said he/she had not received a shower. It was not his/her shower day, so he/she would have to wait one more day until his/her scheduled shower day.</p> <p>Observation on 08/22/24 at 9:31 A.M. showed the resident's hair was very oily and unclean. His/Her was clumped in strands and shiny.</p> <p>During interview on 08/22/24 at 9:31 A.M., the resident said the following:</p> <p>-He/She was scheduled to get a shower later this evening;</p> <p>-He/She was tearful and said, Just look at my hair, it is disgusting and it was unacceptable.</p> <p>During interviews on 08/29/24 at 11:52 A.M. and 5:41 P.M., the resident said the following:</p> <p>-He/She did not receive a shower on Monday (08/26/24); the staff did not attempt or offer;</p> <p>-He/She had refused showers in the past, but had not in the past month;</p> <p>-Every time he/she asked staff for a shower, during the past month, staff told him/her there was not enough staff to complete his/her shower;</p> <p>-He/She had absolutely not received a shower in the last four weeks, other than the previous week (08/23/24) when he/she had to complain to the Director of Nursing (DON);</p> <p>-He/She remembered refusing on 08/12/24, after review of Shower Sheets, but denied receiving any showers, other than on 08/23/24;</p> <p>-He/She asked staff today if he/she would get his/her scheduled shower, and staff replied, I don't know.</p> <p>(continued on next page)</p>

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>6. Review of Resident #49's admission MDS, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-Dependent on staff for showers and required minimal assistance with other personal hygiene.</li> </ul> <p>Review of the resident's undated Kardex showed his/her showers were scheduled for Monday and Thursday. He/She required assistance from one staff.</p> <p>Review of the resident's Shower Sheets for July 2024 showed the following:</p> <ul style="list-style-type: none"> <li>-The resident received a shower on 07/17/24;</li> <li>-The resident refused a shower on 7/24/24, 07/27/24 and 07/31/24;</li> <li>-The resident only received one of the nine scheduled showers/baths he/she was scheduled to receive.</li> </ul> <p>Review of the resident's Shower Sheets for August 2024 (through 08/29/24), showed the following:</p> <ul style="list-style-type: none"> <li>-The resident received a shower on 08/03/24 (17 days after his/her last documented shower on 07/17/24);</li> <li>-No documentation the resident refused or received a shower on 08/04/24 through 08/13/24 (10 days);</li> <li>-The resident received a shower on 08/14/24 and 08/17/24;</li> <li>-The resident refused his/her shower on 08/21/24;</li> <li>-No documentation the resident received a shower after 08/21/24.</li> </ul> <p>During an interview on 08/20/24 at 3:30 P.M. and 08/29/24 at 1:20 P.M., the resident said the following:</p> <ul style="list-style-type: none"> <li>-He/She received a shower yesterday (08/28/24), but prior to that it had been one week since his/her last shower;</li> <li>-He/She wanted two showers a week and was scheduled to get two showers per week;</li> <li>-He/She was lucky to get one shower a week, and some weeks he/she didn't get a shower at all;</li> <li>-He/She has refused showers in the past, but denied any recent refusal;</li> <li>-Staff told him/her they were unable to complete showers due to not having enough staff;</li> <li>-The resident became upset and said he/she felt disgusting when he/she did not receive his/her scheduled showers;</li> </ul> <p>(continued on next page)</p>

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>-It regularly took staff at least an hour to answer his/her call light. Sometimes, it took staff up to four hours to answer his/her call light. The weekends, especially Sundays, were the worst.</p> <p>During an interview on 08/29/24 at 12:09 P.M. and 08/29/24 at 1:34 P.M., CNA N said the following:</p> <p>-Most residents were scheduled for showers two times per week;</p> <p>-Some residents refused on their scheduled shower days, then asked for a shower on a different day. When this happened, he/she tried to accommodate the resident, but his/her first priority was completing the scheduled showers for that day;</p> <p>-He/She could not finish his/her tasks in his/her scheduled eight hour;</p> <p>-There had been times in the past were he/she would be responsible for an entire hall with 25 residents by himself/herself;</p> <p>-There was no extra help passing food trays, which would free him/her up to start assisting dependent residents who needed help with meals or needed to be fed</p> <p>7. During an interview on 08/27/24 at 3:40 P.M., LPN B said the following:</p> <p>-The minimum staffing on the night shift was four staff;</p> <p>-At times, there were only three staff on the night shift and occasions where it was lower than that because staff did not come into work as scheduled.</p> <p>During an interview on 08/28/24, at 9:30 A.M., the Assistant Director of Nursing (ADON) said the following:</p> <p>-The facility preferred to staff two licensed nurses and three certified nurse assistants on the night shift;</p> <p>-He has worked on the night shift on 8/11/24; it was only him and one CNA during that shift.</p> <p>During an interview on 08/27/24 at 5:33 P.M., CNA V said the following:</p> <p>-He/She primarily worked on the night shift;</p> <p>-There was not always enough staff to complete tasks (providing care and transferring residents) safely and in a timely manner;</p> <p>-Sometimes he/she had to wait and/or find help, so it delayed him/her from getting things done timely and could force some staff to do things unsafely;</p> <p>-There are usually three CNAs scheduled, but typically there was only one or two CNAs who actually came in to work.</p> <p>During an interview on 09/18/24 at 12:40 P.M., the former staffing coordinator said the following:</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>-He/She was the staffing coordinator from February 2024 until July 2024;</p> <p>-The position was then assigned to the LPN C/IP C in July 2024; he/she continued to help LPN C/IP with staff scheduling after July 2024;</p> <p>-He/She was not aware of the Facility Assessment (related to staffing);</p> <p>-In March 2024, he/she followed a staffing chart and was instructed there needed to be at least five staff working the night shift, and there should never be less than four staff to cover the shift;</p> <p>-He/She knew there should be two nurses, one TMA and two CNAs to cover the night shift;</p> <p>-When a staff called in (to report they were not coming into work as scheduled), he/she made phone calls to find staff to work;</p> <p>-Sometimes, staff would not call in, but would show up very late to their shift;</p> <p>-So many staff called in (did not report to work) in the middle of the night that he/she asked the staff to call the facility and let a manager know they would not be working their scheduled shift;</p> <p>-No one was really monitoring to ensure staffing was covered.</p> <p>During an interview on 09/18/24 at 12:40 P.M., LPN C/IP said the following:</p> <p>-He/She was the hired in May to be the Nurse Manager during the day;</p> <p>-When he/she was hired, there was no structure and he/she was not told what job he/she was responsible to do;</p> <p>-He/She was in charge of nursing functions and was not in charge of staffing;</p> <p>-In July 2024, the facility down-sized the positions and cut the staffing coordinator's position and assigned that duty to the DON;</p> <p>-He/She volunteered to help with coordinating the staffing, but did not have access to on-boarding and had no idea how to even contact the staff;</p> <p>-The facility's staff phone list was outdated, and he/she had no way to access the staff's phone numbers;</p> <p>-The facility did not provide any written guidance on what to do if staff called in (did not work their scheduled shift);</p> <p>-Ultimately, it was the DON's responsibility to ensure there was sufficient staffing;</p> <p>-Staffing was always scheduled at the bare minimum, so there were issues if staff did not come to work as scheduled;</p> <p>(continued on next page)</p>

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>-The administration knew the facility's staffing was at the bare minimum and there was a chance there would not be enough staffing to cover the shifts;</p> <p>-Nothing was done to address only two staff working on the night shift, because the facility did not know about it (prior to the recertification survey);</p> <p>-He/She did not know what the facility did to ensure sufficient staffing.</p> <p>During an interview on 09/18/24 at 3:33 P.M., the DON said the following:</p> <p>-He started working for the facility in mid-May;</p> <p>-The former staffing coordinator was responsible for making sure there was an adequate number of staff to work;</p> <p>-In mid-August 2024, the staffing coordinator's position was cut;</p> <p>-The staffing was handed over to LPN C/IP and the DON, but LPN C/IP took care of the staffing;</p> <p>-If staff called-in (to report they would not work their scheduled shift), there was a two-hour policy, but the staff did not respect that time frame and would call in at the last minute. Sometimes, staff would not come to work and would not call-in;</p> <p>-Sometimes there was not enough staff to cover the shift at the beginning of the shift, and the nurse manager would have to try to find someone to fill in;</p> <p>-The DON would ensure compliance;</p> <p>-The facility made sure the schedule was filled to ensure there was sufficient staff in case a staff member called in and could not work;</p> <p>-It would require three staff members at the minimum working the night shift;</p> <p>-He was aware of the Facility Assessment, but could not remember what the needs break down included for staffing.</p> <p>NOTE: At the time of the survey, the violation was determined to be at the immediate jeopardy level J. Based on 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 G 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>MO240480</p> <p>(continued on next page)</p>		

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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.

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>MO240379</p> <p>47008</p> <p>50189</p> <p>50675</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>44610</p> <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff served food that was palatable and served at a safe and appetizing temperature. The facility census was 54.</p> <p>Review of the facility policy titled, Food Safety Requirements, date implemented 9/1/21, showed the facility is to procure food from sources approved or considered satisfactory by federal, state, and local authorities. Food will also be stored, prepared, distributed and served in accordance with professional standards for food service safety.</p> <p>1. During an interview on 08/20/24 at 12:43 P.M., Resident #25 said his/her food was never hot.</p> <p>During an interview on 08/20/24 at 3:14 P.M. Resident #23 said sometimes his/her food was cold.</p> <p>During an interview on 08/20/24 at 3:30 P.M. Resident #49 said the food was awful and it was regularly served cold.</p> <p>During an interview on 08/21/24 at 8:24 A.M., Resident #11 said his/her food was served cold most of the time.</p> <p>2. Review of lunch menu for 8/20/24, showed the lunch meal included beef taco and Spanish rice.</p> <p>Observation on 8/20/24 at 11:50 A.M., showed staff took the final cooking temperatures of the following food items at the oven prior to placing them on the steam table:</p> <ul style="list-style-type: none"> <li>-Ground beef for tacos, 201.5 degrees Fahrenheit;</li> <li>-Spanish rice, 167.0 degrees Fahrenheit.</li> </ul> <p>Observation on 8/20/24 at 12:00 P.M., showed the following:</p> <ul style="list-style-type: none"> <li>-Dietary staff began serving the lunch meal from the steam table;</li> <li>-Staff placed the prepared plates (room temperature plate) on trays in the uninsulated food carts, and covered the plates with an insulated cover.</li> </ul> <p>Observation on 8/20/24 at 12:50 P.M., showed staff prepared the final resident lunch plate and placed it on a food cart.</p> <p>Observation of the food temperatures for the test tray (last tray served from kitchen to dining room) on 8/20/24 at 12:55 P.M., showed the ground beef soft shell taco was 107.5 degrees Fahrenheit and the Spanish rice was 111.2 degrees Fahrenheit.</p> <p>During an interview on 8/21/24 at 8:30 A.M., the Dietary Manager/Cook said the following:</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He did not know the temperature of the food for the lunch meal on 8/20/24 was below 120 degrees Fahrenheit;</p> <p>-The cook records and documents the final cooking temperatures of the food items at the stovetop/oven/griddle (prior to meal service);</p> <p>-Due to COVID-19 in the facility, staff served all the dining room and room trays from the food carts;</p> <p>-Staff did not take or record the temperature of food items mid-meal or at the end of meal service;</p> <p>-Occasionally he received a concern regarding the temperature of the food. When it occurred, staff should make a fresh plate or warm the resident's food;</p> <p>-He expected hot foods to be served hot;</p> <p>-He expected staff to serve food at a safe and appetizing temperature.</p> <p>During an interview on 8/21/24 at 10:25 A.M., the Registered Dietician said the following:</p> <p>-She expected staff to serve meals at safe and appetizing temperatures;</p> <p>-She expected hot foods to be served hot.</p> <p>3. Observation on 08/23/24 at 8:38 A.M. showed staff delivered the room trays. Many of the trays were on the cart and were not covered with an insulated lid.</p> <p>Observation on 08/23/24 at 8:42 A.M. showed staff pulled Resident #49's breakfast tray from the hall cart. The plate was not covered with a lid. Staff delivered the tray to the resident.</p> <p>During an interview on 08/23/24 at 8:43 A.M., Resident #49 said his/her breakfast was ice cold.</p> <p>During an interview on 08/23/24 at 8:55 A.M., Certified Nurse Assistant (CNA) R said the following:</p> <p>-There were approximately ten trays that came out on the hall try cart without lids over the plates;</p> <p>-Some residents complained of their food being cold today, but the food was cold everyday and the residents always complained about it being cold.</p> <p>During an interview on 08/23/24 at 10:48 A.M., the Director of Nursing (DON) said he had received reports of cold food from residents and the staff should recover the tray and take the food back to dietary and reheat the food for the resident.</p> <p>MO240480</p> <p>47008</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44610</p> <p>Based on observation, interview, and record review, the facility failed to ensure non-food contact surfaces in the kitchen were clean, failed to ensure an air gap at the ice machine drain, and failed to store food items off of the floor. The facility census was 54.</p> <p>Review of the the facility's policy, Sanitation Inspection, last reviewed/ revised on 9/1/21, showed the following:</p> <ul style="list-style-type: none"> <li>-It is the policy of this facility to conduct inspections to ensure food service areas are clean, sanitary, and in compliance with applicable state and federal regulations;</li> <li>-Inspections will be conducted but not limited to dry storage, main production area, food preparation area, and general dietary observations.</li> </ul> <p>Review of the facility's policy, Food Safety Requirements, implemented on 9/1/21, showed the following:</p> <ul style="list-style-type: none"> <li>-It is the policy of this facility to procure food from sources approved or considered satisfactory by federal, state, and local authorities. Food will also be stored, prepared, distributed and served in accordance with professional standards for food service safety;</li> <li>-Food safety practices shall be followed throughout the facility's entire food handling process;</li> <li>-Storage of food in a manner that helps prevent deterioration or contamination of the food, including from growth of microorganisms;</li> <li>-Dry food storage - Keep foods/beverages in a clean, dry area off the floor and clear of ceiling sprinklers, sewer/waste disposal pipes, and vents.</li> </ul> <p>1. Observations in the kitchen on 8/20/24 at 12:00 P.M. and on 8/21/24 at 7:55 A.M., showed the following:</p> <ul style="list-style-type: none"> <li>-The closed fire drop curtain at the serving window, located next to and above the steam table where staff served the meals, had buildup of a yellow grease and dust/debris;</li> <li>-The electrical junction box and metal conduit, located between clean plate cover table and the coffee maker, was soiled with an oily substance and dust/debris;</li> <li>-The electrical receptacle box and metal conduit, located behind the coffee maker, was soiled with an oily substance and dust/debris.</li> </ul> <p>During an interview on 8/21/24 at 8:50 A.M., the Dietary Manager said the following:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-The dietary department was responsible for cleaning the fire drop curtain on the kitchen side and electrical boxes/conduit surfaces;</p> <p>-He did not know about the identified areas;</p> <p>-Moving forward he expected the identified areas to be cleaned weekly.</p> <p>During an interview on 8/21/24 at 10:25 A.M., the Registered Dietician said she expected the identified surfaces to be clean and free of grease and dust/debris.</p> <p>2. Observation on 8/20/24 at 3:15 P.M., of the ice machine located in the kitchen, showed an approximately-inch plastic drainpipe exited the ice machine, and ran along the wall and into the floor drain well approximately 1-inch. There was no air gap above the floor drain well.</p> <p>During an interview on 8/21/24 at 9:57 A.M., Maintenance Staff Member K said the following:</p> <p>-The maintenance department is responsible for the kitchen ice machine drainage and maintaining the proper drainpipe air gap;</p> <p>-He did not know the plastic drain pipe was inside the floor drain well and below the floor surface;</p> <p>-The maintenance department monitored the ice machine drainage monthly;</p> <p>-He expected a proper ice machine air gap to be maintained.</p> <p>3. Observation on 8/20/24 at 3:20 P.M., in room [ROOM NUMBER] (emergency supply room), showed the following:</p> <p>-One 5-pound bag of instant non-fat dry milk sat on the floor;</p> <p>-Two 1-pound bags of vanilla pudding and pie filling sat on the floor;</p> <p>-One box of vanilla wafers sat on the floor.</p> <p>During an interview on 8/21/24 at 8:50 A.M., the Dietary Manager said the following:</p> <p>-The dietary department was responsible for maintaining the food storage in room [ROOM NUMBER];</p> <p>-He monitored the room one/two times per week;</p> <p>-He did not know about the identified items on the floor;</p> <p>-He expected food items in room [ROOM NUMBER] to be stored above the floor.</p> <p>During an interview on 8/21/24 at 10:25 A.M., the Registered Dietician said she expected food items to be stored off of the floor.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>44610</p> <p>Based on observation and interview, the facility failed to ensure the dumpsters utilized for facility garbage were kept covered when not in use. The facility census was 54.</p> <p>1. Observation on 8/21/24 at 8:05 A.M., showed the following:</p> <ul style="list-style-type: none"> <li>-Five dumpsters sat outside by the service hall entrance;</li> <li>-The lids on two of the dumpsters were open;</li> <li>-One of the open dumpsters was two-thirds full of garbage, and the second open dumpster was approximately half full;</li> <li>-Multiple pieces of plastic and paper garbage was on the ground in front of the dumpsters.</li> </ul> <p>During an interview on 8/21/24 at 8:05 A.M., the Dietary Manager said staff were responsible for keeping the dumpster lids closed. He expected the lids to be closed when not in use.</p> <p>During an interview on 8/21/24 at 8:20 A.M., Maintenance Staff K said the dumpster lids should be closed.</p>

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38016</p> <p>Based on observation, interview, and record review, the facility was not administered in a manner to ensure the well-being of each resident. From October, 2023- the facility had six changes in the licensed nursing home administrator position, which is responsible for the overall oversight and supervision of employees and resident care. An allegation of verbal abuse was not reported to the state agency. Sufficient nursing staff were not present to ensure the health and safety of residents. Mechanical equipment was not maintained in a safe manner. Nurse aides were not trained to perform job functions and ongoing inservice training was not completed. The facility census was 54.</p> <p>1. Record review of administrator records received by the licensure and certification unit showed the following:</p> <p>Administrator A worked at the facility from 10/13/23-4/9/24.</p> <p>Administrator B worked at the facility from 4/11/24-5/20/24.</p> <p>Administrator C worked at the facility from 5/20/24-5/28/24.</p> <p>Administrator D worked at the facility from 5/28/24-6/30/24.</p> <p>Administrator C worked at the facility from 6/30/24-8/19/24.</p> <p>Administrator E began working at the facility on 8/19/24.</p> <p>2. During the resident group interview on 08/21/24 at 1:00 P.M., eleven residents, Residents #14, #20, #13, #10, #11, #9, #21, #7, #18, #28 and #54, said they were only able to get money from their resident fund account Monday through Friday. Resident #54 said the facility does not have someone for banking at the facility on the weekends. He/she has been told in the last couple weeks that they do not have staff here on the weekend for them to get money out, so they have to get whatever they would need for the weekend out on Fridays.</p> <p>During an interview on 08/21/24 at 11:00 A.M., the Regional Business Office Manager said the following:</p> <ul style="list-style-type: none"> <li>-The administrator was responsible for handing out resident money when residents requested;</li> <li>-The cash envelope was held in the administrator's office;</li> <li>-The facility did not have banking hours on Saturday.</li> </ul> <p>During an interview on 08/21/24 at 2:09 P.M., the administrator said she was not aware the facility needed to provide access to resident funds on the weekends.</p> <p>3. Review of Resident #49's admission MDS, dated [DATE], showed the following:</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Required supervision with ADLs;</p> <p>-Required maximum assistance from one staff to stand and to transfer to the toilet;</p> <p>-The resident did not walk and used a wheelchair.</p> <p>Review of the resident's Care Plan for ADLs, dated 6/4/24, showed the following:</p> <p>-The resident required extensive assistance from one staff for ADLs due to impaired functional mobility from a previous stroke that with right sided weakness;</p> <p>-Encourage the resident to participate to the fullest extent possible with each interaction.</p> <p>Review of the resident's Nurses Note, dated 8/02/24 at 2:29 P.M., showed LPN B documented that at 2:00 A.M., the resident put on the call light. CNA A went into the resident's room to check what the resident needed. CNA A told the nurse the resident threw a bottle at him/her. LPN B and CNA A went to the resident's room. The resident told LPN B that he/she would kill CNA A with a gun because CNA A went to his/her room and made fun of him/her that he/she should be walking to use the bathroom. LPN B notified the DON, Assistant Director of Nursing (ADON), and the nurse manager.</p> <p>During an interview on 8/12/24 at 12:00 P.M., the resident said the following:</p> <p>-On 8/2/24 during the midnight shift, he/she turned on the call light to get some help to go to the bathroom;</p> <p>-CNA A answered the call light and called him/her a nasty mother fucker and refused to take him/her to the bathroom;</p> <p>-He/She cursed back at the aide and told him/her to get out of his/her room and threw a plastic bottle at the staff.</p> <p>Review of the resident's Progress Note, dated 08/02/24 at 5:15 P.M., showed the Social Services Designee (SSD) documented he/she went to resident's room to follow up on both events of yesterday. The resident was still upset at the CNA from last night and he/she did not want that CNA in his/her room ever again.</p> <p>During an interview on 8/12/24 at 11:30 A.M., the SSD said the following:</p> <p>-On 8/9/24 around 5:00 P.M., she went to the resident. The resident told her that on 8/2/24 when he/she rang the call light to go to the bathroom, CNA A answered the light and told him/her that he/she was a nasty ass mother fucker who needs to stop pissing all over himself/herself;</p> <p>-The resident was very upset;</p> <p>-She reported what the resident said to the DON, but the DON had an emergency and she didn't know if he did anything about it;</p> <p>-She was in a hurry to leave the facility and does not remember if she told the regional nurse;</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-She did not get the impression that the resident was accusing the staff member of abuse, but staff should not curse at residents so she saw that this could be verbal abuse;</p> <p>-She should have reported this to the Director of Operations (the acting administrator at the time of this investigation).</p> <p>Review of the resident's Social Services Progress Note, dated 8/9/24 at 5:27 P.M., showed the SSD documented he/she went to resident's room to check on him/her. The resident was in the process of calling the state. He/She was upset because he/she heard that CNA A was in the building. The SSD spoke to the DON who was focusing on a situation with another resident, but would check into this. The SSD then contacted the administrator (Director of Operations).</p> <p>During an interview on 8/12/24 at 3:43 P.M., the DON said the following:</p> <p>-On 8/9/24, the SSD told him the resident said CNA A had cursed at him/her during an incident between the resident and CNA A on 8/2/24;</p> <p>-He was working the floor and had an emergent situation he was handling at the time;</p> <p>-He told the SSD to inform the regional nurse;</p> <p>-He assumed the SSD had reported this allegation to the regional nurse.</p> <p>During interviews on 8/12/24 at 10:30 A.M. and 8/21/24 at 9:43 A.M., the regional nurse said the following:</p> <p>-On 8/2/24, CNA A left a note under the DON's door saying the resident cursed at him/her and threw a plastic bottle at him/her;</p> <p>-She had the SSD go to the resident to see what was wrong;</p> <p>-The SSD reported the resident had experienced a loss in his/her family and was somewhat distraught and angry and thought that the incident could have been from this grief;</p> <p>-The SSD offered support to the resident;</p> <p>-She did not hear anything else;</p> <p>-She had let the DON know about the situation, but there was no investigation done since it was not employee to resident abuse. It was a resident behavior;</p> <p>-No one reported to her the resident said CNA A cursed at him/her.</p> <p>During interviews on 8/12/24 at 10:30 A.M. and 8/21/24 at 8:45 A.M., the Director of Operations said the following:</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-He had heard about a situation that occurred on 8/2/24 between the resident and CNA A, but since the resident had cursed at the aide, there was no abuse and he thought the SSD had taken care of the situation;</p> <p>-The SSD told him the resident admitted he/she had cursed at the employee and also threw a plastic bottle at the employee, but nothing was said about CNA A cursing at the resident;</p> <p>-He was not aware of any accusations of CNA A cursing at the resident;</p> <p>-If he had been made aware of the allegation of the staff cursing at the resident, he would have investigated the allegation and notified the state agency.</p> <p>4. Review of the Facility Assessment, dated 08/02/24, showed the assessment identified five staff were needed for the night shift (two Licensed Practical Nurses (LPN) and three Certified Nurses Assistants (CNA)).</p> <p>Review of the facility time records, dated 07/01/24 through 08/26/24, and the Detailed Census Report showed during nineteen (19) shifts, the facility did not have sufficient nursing staff on duty as identified in the assessment. On 8 of the shifts- three or less nursing staff were on duty to provide the necessary care and services.</p> <p>Review of Resident #25's care plan, revised 07/31/24, showed the following:</p> <p>-Emergency evacuation - the resident had a bariatric bed and required assistance from staff for transfers;</p> <p>-Staff use bariatric sling at bedside;</p> <p>-Place bariatric sling under resident, put bed in lowest position and assist to floor times four staff and slide resident to safety.</p> <p>During interviews on 08/20/24 at 12:43 P.M , 08/27/24 at 3:49 P.M. and 08/28/24 at 11:43 A.M., Resident #25 said the following:</p> <p>-There were not always four staff members working on the night shifts;</p> <p>-If staff had to physically move him/her out of the building it would take at least four staff members to do so.</p> <p>Interviews with multiple nursing staff showed it would take four people to get Resident #25 out of the building safely.</p> <p>Review of Resident #157's undated Care Plan showed the following:</p> <p>-The resident was dependent on staff for all activities of daily living, including transfers;</p> <p>-Unable to ambulate;</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Ensure to use Hoyer lift for transfers, use proper safety precautions;</p> <p>-Emergency Evacuation: the resident is dependent on staff for transfer. Place sling under the resident, place bed in the lowest position, four staff to assist resident to the floor, and slide to safety.</p> <p>During an interview on 08/27/24 at 5:38 P.M., LPN C/IP said Resident #157 would require four staff to move him/her from his/her bed, to the floor, onto a sheet and to drag him/her to safety.</p> <p>Review of Resident #23's quarterly MDS, dated [DATE], showed the following:</p> <p>-Cognitively intact;</p> <p>-Dependent on staff for all ADLs.</p> <p>Review of Resident #23's undated Care Plan showed the resident required one to two staff assistance for bathing.</p> <p>Observation on 08/20/24 at 3:14 P.M. showed Resident #23's hair was very oily and unclean. His/Her hair was clumped in strands and appeared shiny.</p> <p>During an interview on 08/20/24 at 3:14 P.M., Resident #23's said the following:</p> <p>-He/She has had to wait up to four hours for staff to answer his/her call light;</p> <p>-He/She was supposed to get showers two times per week, in the evening, but he/she typically only received one;</p> <p>-Staff tell him/her they can't give him/her a shower due to not having enough staff;</p> <p>-He/She has not had a shower in three weeks;</p> <p>-He/She was emotional and had tears in his/her eyes, and said he/she feels like a grease ball and is embarrassed by his/her greasy hair.</p> <p>Observation on 08/21/24 at 7:48 A.M. showed the resident's hair was very oily and unclean. His/Her hair was clumped in strands and appeared shiny.</p> <p>Observation on 08/22/24 at 9:31 A.M. showed the resident's hair was very oily and unclean. His/Her was clumped in strands and shiny.</p> <p>During interview on 08/22/24 at 9:31 A.M., the resident said the following:</p> <p>-He/She was scheduled to get a shower later this evening;</p> <p>-He/She was tearful and said, Just look at my hair, it is disgusting and it was unacceptable.</p> <p>Review of Resident #49's admission MDS, dated [DATE], showed the following:</p> <p>(continued on next page)</p>

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Cognitively intact;</p> <p>-Dependent on staff for showers and required minimal assistance with other personal hygiene.</p> <p>Review of Resident #49's Shower Sheets for July 2024 showed the following:</p> <p>-The resident only received one of the nine scheduled showers/baths he/she was scheduled to receive.</p> <p>Review of Resident #49's Shower Sheets for August 2024 (through 08/29/24), showed the following:</p> <p>-The resident received a shower on 08/03/24 (17 days after his/her last documented shower on 07/17/24);</p> <p>-No documentation the resident refused or received a shower on 08/04/24 through 08/13/24 (10 days);</p> <p>-The resident received a shower on 08/14/24 and 08/17/24;</p> <p>-The resident refused his/her shower on 08/21/24;</p> <p>-No documentation the resident received a shower after 08/21/24.</p> <p>During an interview on 08/20/24 at 3:30 P.M. and 08/29/24 at 1:20 P.M., Resident #49 said the following:</p> <p>-He/She was lucky to get one shower a week, and some weeks he/she didn't get a shower at all;</p> <p>-The resident became upset and said he/she felt disgusting when he/she did not receive his/her scheduled showers;</p> <p>-It regularly took staff at least an hour to answer his/her call light. Sometimes, it took staff up to four hours to answer his/her call light. The weekends, especially Sundays, were the worst.</p> <p>During an interview on 08/27/24 at 3:40 P.M., LPN B said the following:</p> <p>-The minimum staffing on the night shift was four staff;</p> <p>-At times, there were only three staff on the night shift and occasions where it was lower than that because staff did not come into work as scheduled.</p> <p>During an interview on 08/28/24, at 9:30 A.M., the Assistant Director of Nursing (ADON) said the following:</p> <p>-The facility preferred to staff two licensed nurses and three certified nurse assistants on the night shift;</p> <p>-He has worked on the night shift on 8/11/24; it was only him and one CNA during that shift.</p> <p>(continued on next page)</p>

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 08/27/24 at 5:33 P.M., CNA V said the following:</p> <ul style="list-style-type: none"> <li>-He/She primarily worked on the night shift;</li> <li>-There was not always enough staff to complete tasks (providing care and transferring residents) safely and in a timely manner;</li> <li>-Sometimes he/she had to wait and/or find help, so it delayed him/her from getting things done timely and could force some staff to do things unsafely;</li> <li>-There are usually three CNAs scheduled, but typically there was only one or two CNAs who actually came in to work.</li> </ul> <p>During an interview on 09/18/24 at 12:40 P.M., the former staffing coordinator said the following:</p> <ul style="list-style-type: none"> <li>-He/She was the staffing coordinator from February 2024 until July 2024;</li> <li>-The position was then assigned to the LPN C/IP C in July 2024; he/she continued to help LPN C/IP with staff scheduling after July 2024;</li> <li>-He/She was not aware of the Facility Assessment (related to staffing);</li> <li>-In March 2024, he/she followed a staffing chart and was instructed there needed to be at least five staff working the night shift, and there should never be less than four staff to cover the shift;</li> <li>-He/She knew there should be two nurses, one TMA and two CNAs to cover the night shift;</li> <li>-When a staff called in (to report they were not coming into work as scheduled), he/she made phone calls to find staff to work;</li> <li>-Sometimes, staff would not call in, but would show up very late to their shift;</li> <li>-So many staff called in (did not report to work) in the middle of the night that he/she asked the staff to call the facility and let a manager know they would not be working their scheduled shift;</li> <li>-No one was really monitoring to ensure staffing was covered.</li> </ul> <p>During an interview on 09/18/24 at 12:40 P.M., LPN C/IP said the following:</p> <ul style="list-style-type: none"> <li>-He/She was the hired in May to be the Nurse Manager during the day;</li> <li>-When he/she was hired, there was no structure and he/she was not told what job he/she was responsible to do;</li> <li>-He/She was in charge of nursing functions and was not in charge of staffing;</li> <li>-In July 2024, the facility down-sized the positions and cut the staffing coordinator's position and assigned that duty to the DON;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-He/She volunteered to help with coordinating the staffing, but did not have access to on-boarding and had no idea how to even contact the staff;</p> <p>-The facility's staff phone list was outdated, and he/she had no way to access the staff's phone numbers;</p> <p>-The facility did not provide any written guidance on what to do if staff called in (did not work their scheduled shift);</p> <p>-Ultimately, it was the DON's responsibility to ensure there was sufficient staffing;</p> <p>-Staffing was always scheduled at the bare minimum, so there were issues if staff did not come to work as scheduled;</p> <p>-The administration knew the facility's staffing was at the bare minimum and there was a chance there would not be enough staffing to cover the shifts;</p> <p>-Nothing was done to address only two staff working on the night shift, because the facility did not know about it (prior to the recertification survey);</p> <p>-He/She did not know what the facility did to ensure sufficient staffing.</p> <p>During an interview on 09/18/24 at 3:33 P.M., the DON said the following:</p> <p>-He started working for the facility in mid-May;</p> <p>-The former staffing coordinator was responsible for making sure there was an adequate number of staff to work;</p> <p>-In mid-August 2024, the staffing coordinator's position was cut;</p> <p>-The staffing was handed over to LPN C/IP and the DON, but LPN C/IP took care of the staffing;</p> <p>-The facility made sure the schedule was filled to ensure there was sufficient staff in case a staff member called in and could not work;</p> <p>-It would require three staff members at the minimum working the night shift;</p> <p>-He was aware of the Facility Assessment, but could not remember what the needs break down included for staffing.</p> <p>During an interview on 08/23/24 at 11:23 A.M., 09/11/24 at 4:51 P.M. and 09/18/24 at 3:33 P.M., the Director of Nursing (DON) said the following:</p> <p>-He started as the DON in mid-May 2024, three and one half months ago;</p> <p>-The former staffing coordinator was responsible for making sure there was an adequate number of staff to work;</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-In mid-August 2024, the staffing coordinator's position was cut;</p> <p>-The staffing was handed over to Licensed Practical Nurse (LPN) C/Infection Preventionist (IP) and the DON, but LPN C/IP took care of the staffing;</p> <p>-Sometimes there was not enough staff to cover the shift at the beginning of the shift, and the nurse manager would have to try to find someone to fill in;</p> <p>-It would require three staff members at the minimum working the night shift;</p> <p>-He was aware of the Facility Assessment, but could not remember what the needs break down included for staffing;</p> <p>-He had not been in the role long enough to ensure all the policies were implemented.</p> <p>During an interview on 08/20/24 at 12:34 P.M. and 08/28/24 at 1:45 P.M., the Administrator said the following:</p> <p>-She started at the facility on 08/19/24 as the administrator; she was working at the facility for about a month before she took the role of administrator;</p> <p>-She was new to the administrator role at the facility;</p> <p>-The corporate team at the facility was also new in the last two weeks to the facility;</p> <p>-The facility could not use agency staffing because of payment issues with the previous company.</p> <p>5. Review of equipment checks provided by an outside vendor, dated April 2023, showed the following:</p> <p>-Three mechanical lifts in service;</p> <p>-Invacare RPL450-2, functional, hardware good, pass inspection;</p> <p>-Proactive Medical Protekt 600, functional, hardware good, battery low needs charged, pass inspection;</p> <p>-Invacare RPL600-2, functional, hardware good, scale calibrated, pass inspection;</p> <p>-Next inspection due April 2024.</p> <p>-Review showed the vendor did not complete an inspection after the April 2023.</p> <p>Observation of the facility mechanical lifts on 08/23/24 at 1:51 P.M. showed mechanical lifts in the storage hall, the Proactive Medical Protekt 600 and the Invacare RPL600-2, neither had a maintenance tag on them. A handwritten note was posted on the Proactive Medical Protekt 600 lift that noted, Do not use. Battery dead.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 08/23/24 at 9:57 A.M., CNA N said one of the mechanical lifts was broken; the battery did not work. The other two lifts had issues with the legs sticking and the wheels not rolling.</p> <p>During an interview on 08/23/24 at 9:32 A.M., CNA M said the following:</p> <ul style="list-style-type: none"> <li>-The facility had three mechanical lifts;</li> <li>-Staff could not use one of the lifts because the battery was broken, and the other two lifts were hard to use due to the legs and wheels sticking, but staff had to use them.</li> </ul> <p>During interviews on 08/23/24 at 11:23 A.M., the Director of Nursing (DON) said the following:</p> <ul style="list-style-type: none"> <li>-The facility had three mechanical lifts and one was not working due to a battery issue;</li> <li>-Staff had not notified him of any issues with or difficulty using the other two mechanical lifts;</li> <li>-He expected staff to notify him and maintenance staff if they had concerns with the functionality of the lifts.</li> </ul> <p>During an interview on 08/29/24, at 10:31 A.M., the Maintenance Director said the following:</p> <ul style="list-style-type: none"> <li>-The facility had three mechanical lifts;</li> <li>-One lift was just taken out of service because there was a problem with the battery connection; the battery wasn't holding a charge;</li> <li>-Staff had not reported any other issues regarding the Hoyer lifts to him;</li> <li>-Staff should tag the equipment for repair and communicate it needed to be repaired in the maintenance request book.</li> </ul> <p>During an interview on 09/11/24, at 2:10 P.M., the Administrator said the following:</p> <ul style="list-style-type: none"> <li>-She expected the mechanical lifts to work properly;</li> <li>-If there were issues with the wheels, electric or charging components, loose parts, or other malfunctions, the equipment should be taken out of service and maintenance made aware to make the needed repairs;</li> <li>-The Maintenance Director was responsible to ensure maintenance was completed on the mechanical lifts;</li> <li>-The Maintenance Director was responsible to complete repairs or coordinate with outside contractors if staff could not do the repairs in house;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-During department head rounds, staff were supposed to identify areas that needed to be repaired, and the staff would let maintenance know if repairs were needed to the building, furniture or equipment.</p> <p>6. Record review of employee training records showed existing and new employees did not all receive orientation and ongoing training to meet the needs of residents.</p> <p>During an interview on 08/23/24 at 11:23 A.M., 09/11/24 at 4:51 P.M. and 09/18/24 at 3:33 P.M., the Director of Nursing (DON) said the following:</p> <ul style="list-style-type: none"> <li>-He started as the DON in mid-May 2024, three and one half months ago;</li> <li>-He was aware of the Facility Assessment, but could not remember what the needs break down included for staffing;</li> <li>-He was responsible for staff education but did not know there was a check list for new hire orientation;</li> <li>-He did not have many records of previous education/training (prior to his employment);</li> <li>-All he had was what the corporate staff had provided for the education fairs, and the binder provided for review;</li> <li>-He had not been in the role long enough to ensure all the policies were implemented.</li> </ul> <p>During an interview on 08/20/24 at 12:34 P.M. and 08/28/24 at 1:45 P.M., the Administrator said the following:</p> <ul style="list-style-type: none"> <li>-She started at the facility on 08/19/24 as the administrator; she was working at the facility for about a month before she took the role of administrator;</li> <li>-She was new to the administrator role at the facility;</li> <li>-The corporate team at the facility was also new in the last two weeks to the facility.</li> </ul> <p>MO 240379</p> <p>MO 240480</p> <p>MO 240516</p> <p>MO 240331</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41412</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure staff utilized Enhanced Barrier Precautions as required by facility policy when providing care and treatment to three residents (Residents #38, #46 and #12), who had wounds or an indwelling medical device, in a review of 17 sampled residents. The facility failed to implement their water management program to identify and reduce the risk of Legionella bacteria (cause of Legionnaire's disease - a severe form of pneumonia) growth and spread. The facility failed to track infections in the facility by organism and location. The facility failed to complete Tuberculin Skin Tests (TST) and/or annual evaluations as required to rule out Tuberculosis (TB) (a communicable disease that affects the lungs characterized by fever, cough, and difficulty breathing) for eight of eight new employees reviewed. The facility census was 54.</p> <p>Review of the facility policy, Enhanced Barrier Precautions, reviewed 06/15/24, showed the following:</p> <ul style="list-style-type: none"> <li>-It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multi drug-resistant organisms (a microorganism that is resistant to one or more classes of antibiotics or antifungals) (MDRO);</li> <li>-Enhanced barrier precautions (EBP) refer to an infection control intervention designed to reduce transmission of multi drug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities;</li> <li>-All staff receive training on enhanced barrier precautions upon hire and at least annually and are expected to comply with all designated precautions;</li> <li>-All staff receive training on high-risk activities and common organisms that require enhanced barrier precautions;</li> <li>-The facility will have the discretion on how to communicate to staff which residents required the use of EBP, as long as staff are aware of which residents require the use of EBP prior to providing high-contact care activities;</li> <li>-An order for enhanced barrier precautions will be obtained for residents with any of the following: <ul style="list-style-type: none"> <li>-1. Wounds e.g., chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers) and/or indwelling medical devices (e.g., central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes, hemodialysis catheters, PICC lines, midline catheters) even if the resident is not known to be infected or colonized with a MDRO.;</li> <li>-2. Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply;</li> </ul> </li> </ul> <p>(continued on next page)</p>		

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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.			
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-3. MDRO's for which EBP applies are based on local epidemiology. At a minimum, they should include resistant organisms targeted by CDC but can also include other epidemiologically important MDRO's;</p> <p>4. Additional epidemiologically important MDRO's may include, but are not limited to: Methicillin-resistant Staphylococcus aureus (MRSA);</p> <p>-Implementation of Enhanced Barrier Precautions:</p> <p>a. Make gowns and gloves available immediately near or outside of the resident's room. Note: face protection may also be needed if performing activity with risk of splash or spray (i.e., wound irrigation, tracheostomy care);</p> <p>b. PPE for enhanced barrier precautions is only necessary when performing high-contact care activities and may not need to be donned prior to entering the resident's room;</p> <p>e. The Infection Preventionist will incorporate periodic monitoring and assessment of adherence to determine the need for additional training and education;</p> <p>f. Provide education to residents and visitors;</p> <p>-High-contact resident care activities include: dressing; bathing; transferring; providing hygiene; changing linens; changing briefs or assisting with toileting; device care or use (central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes); and wound care (any skin opening requiring a dressing);</p> <p>-Enhanced barrier precautions should be followed outside the resident's room when performing transfers and assisting during bathing in a shared/common shower room and when working with residents in the therapy gym, specifically when anticipating close physical contact while assisting with transfers and mobility;</p> <p>-Enhanced barrier precautions should be used for the duration of the affected resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk.</p> <p>Review of the facility policy, Infection Prevention and Control Program, revised 05/15/23, showed the following:</p> <p>-This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines;</p> <p>-Standard Precautions: All staff shall assume that all residents are potentially infected or colonized with an organism that could be transmitted during the course of providing resident care services. All staff shall use personal protective equipment (PPE) according to established facility policy governing the use of PPE.</p> <p>1. Review of the Resident #38's admission record showed the following:</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-LPN W cleaned the resident's PICC line port with an alcohol pad and administered 10 ml saline into the PICC line;</p> <p>-He/She then started the resident's scheduled vancomycin IV infusion;</p> <p>-He/She removed his/her gloves and threw them in the resident's trash can, washed his/her hands with soap and water and left the room.</p> <p>During an interview on 09/10/24 at 12:15 P.M., LPN W said he/she used standard precautions when administering IV medication. He/She did not wear a gown while administering IV medication through the resident's PICC line. He/She was unaware of any EBP practice used at the facility.</p> <p>During an interview on 08/29/24 at 11:29 A.M., the Infection Preventionist (IP) said she was new to her position. She would look at the hospital discharge paperwork to see if the resident had an infection upon readmission to the facility. The resident was on an antibiotic vancomycin and was having trouble breathing. The facility would use standard precautions unless the resident had a diagnosis which required droplet or contact precautions. The IP said he/she did not know what EBP was and had not received training.</p> <p>2. Review of Resident #46's Admission Record, dated 05/24/24, showed the resident's diagnoses included acquired absence of leg below the knee and MRSA infection.</p> <p>Review of the resident's Care Plan, revised on 7/26/24, showed the following:</p> <p>-He/She had a surgical wound requiring a wound vac (is a medical treatment that helps wounds heal by using a vacuum to remove fluid and bacteria from the wound);</p> <p>-There was no documentation regarding EBP.</p> <p>Review of the resident's weekly wound assessment, dated 08/28/24, showed the following:</p> <p>-Date of onset: 05/21/24;</p> <p>-Wound site: left BKA stump lateral;</p> <p>-Surgical wound;</p> <p>-The wound measured two centimeters (cm) in length, 13 cm in width and 0.5 cm in depth;</p> <p>-The amount of drainage was documented as large (more than 75 percent (%) drainage);</p> <p>-The type of drainage was documented as serosanguineous (thin, watery, pale, red/pink drainage).</p> <p>Review of the resident's Physician Order Summary, dated 08/29/24, showed the following:</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-The wound nurse took off her gloves and put them in a plastic trash bag in the resident's room;</p> <p>-The ADON took off his gloves and put them in a plastic trash bag in the resident's room.</p> <p>During an interview on 08/29/24 at 10:59 A.M., the wound nurse said the following:</p> <p>-Staff change the resident's wound dressing two times a week and as needed;</p> <p>-She did not wear a gown while performing the resident's dressing change;</p> <p>-She and the ADON should have worn gowns when performing the resident's dressing change, but the facility had not started the EBP program;</p> <p>-The facility was working toward starting an EBP program.</p> <p>During an interview on 08/29/24 at 11:06 A.M., the ADON said the following:</p> <p>-Staff use PPE when a resident is positive for COVID-19;</p> <p>-He did not wear a gown today when helping with the resident's dressing change, because the wound was not draining;</p> <p>-He would not use a gown when changing the resident's dressing because there was not enough drainage;</p> <p>-There was no EBP practice in the facility.</p> <p>3. Review of Resident #12's quarterly MDS, dated [DATE], showed the resident had two unstageable pressure injuries (injury to skin and underlying tissue resulting from prolonged pressure on the skin) with suspected deep tissue injury (DTI) (a type of pressure injury that occurs when prolonged pressure or shear forces damage the tissue beneath the skin).</p> <p>Review of the resident's undated Care Plan showed the following:</p> <p>-The resident had actual impairment to skin integrity;</p> <p>-No documentation regarding EBP.</p> <p>Review of the resident's Physician Order Sheet, dated August 2024, showed the following:</p> <p>-Cleanse left ischial (hip/sitting bone) and right buttock with soap and water, pat dry, and apply barrier cream twice daily;</p> <p>-May apply barrier cream as needed to redness or excoriation after episodes of incontinence;</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 08/21/24 at 2:20 P.M. and 08/29/24 at 10:59 A.M., the wound nurse said the following:</p> <ul style="list-style-type: none"> <li>-The resident had multiple areas of DTI, on bilateral buttocks and ischium;</li> <li>-The resident had a small Stage II wound on the back of the left upper thigh, near the buttock.</li> <li>-The facility had not started the EBP program;</li> <li>-The facility was working toward starting an EBP program.</li> </ul> <p>During an interview on 08/29/24 at 11:29 A.M., the IP said the following:</p> <ul style="list-style-type: none"> <li>-If a resident's wound was not infected, staff could perform the dressing change without wearing full PPE;</li> <li>-Staff would wear gloves during the dressing change;</li> <li>-Staff should wear gown and gloves if there was an infection in the wound and the staff could wear eye protection at their own discretion;</li> <li>-She was not aware of an EBP practice at the facility. She was aware staff used standard precautions when completing a dressing change.</li> </ul> <p>During an interview on 08/23/24 at 10:48 A.M., the Director of Nursing (DON) said the facility had not initiated the EBP program because they were not totally prepared at this time. He was not sure what precautions should be taken or the resident population in which EBP should be practiced.</p> <p>During an interview on 09/11/24, at 5:36 P.M., the DON said the following:</p> <ul style="list-style-type: none"> <li>-He was told by corporate that the facility did not have to implement EBP yet, they had three months to implement;</li> <li>-With EBP, staff will be expected to wear gown and full PPE for wound care.</li> </ul> <p>4. Review of the facility policy, Water Management Program, dated 09/01/21, showed the following:</p> <ul style="list-style-type: none"> <li>-It is the policy of this facility to establish water management plans for reducing the risk of Legionella and other opportunistic pathogens in the facility's water systems;</li> <li>-1. A water management team has been established to develop and implement the facility's water management program, including facility leadership, the Infection Preventionist, maintenance employees, safety officers, risk and quality management staff, and Director of Nursing:             <ul style="list-style-type: none"> <li>-a. Team members have been educated on the principles of an effective water management program, including how Legionella and other water-born pathogens grow and spread. Education is consistent with each team member's role;</li> </ul> </li> </ul> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-b. The water management team has access to water treatment professionals, environmental health specialists, and state/local health officials;</p> <p>-2. The Maintenance Director maintains documentation that describes the facility's water system. A copy is kept in the water management program binder;</p> <p>-3. A risk assessment will be conducted by the water management team annually to identify where Legionella and other opportunistic waterborne pathogens could grow and spread in the facility's water systems;</p> <p>-4. Data to be used for completing the risk assessment may include, but are not limited to:</p> <p>-a. Water system schematic/description;</p> <p>-b. Legionella environmental assessment;</p> <p>-c. Resident infection control surveillance data (i.e. culture results);</p> <p>-e. Rounding observation data;</p> <p>-f. Water temperature logs;</p> <p>-g. Water quality reports from drinking water provider (i.e. municipality, water company);</p> <p>-h. Community infection control surveillance data (i.e. health department data);</p> <p>-5. Based on the risk assessment, control points will be identified. The list of identified points shall be kept in the water management program binder;</p> <p>-6. Control measures will be applied to address potential hazards at each control point. A variety of measures may be used, including physical controls, temperature management, disinfectant level control, visual inspections, or environmental testing for pathogens. The measures shall be specified in the water management program action plan;</p> <p>-7. Testing protocols and control limits will be established for each control measure:</p> <p>-a. Individuals responsible for testing or visual inspections will document findings;</p> <p>-b. When control limits are not maintained, corrective actions will be taken and documented accordingly;</p> <p>-c. Protocols and corrective actions will reflect current industry guidelines (i.e. ASHRAE, OSHA, CDC);</p> <p>-8. The water management team shall regularly verify that the water management program is being implemented as designed. Auditing assignments will reflect that individuals will not verify the program activity for which they are responsible;</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-9. The effectiveness of the water management program shall be evaluated no less than annually. Routine infection control surveillance data, water quality data, and rounding data shall be utilized to validate the effectiveness;</p> <p>-12. The facility will conduct an annual review of the water management program as part of the annual review of the infection prevention and control program, and as needed, such as when any of the following events occur:</p> <ul style="list-style-type: none"> <li>-a. Data review shows control measures are persistently outside of control limits;</li> <li>-b. A major maintenance or water service change occurs (including replacing tanks, pumps, heat exchangers, distribution piping, or water service disruption from the supplier to the building);</li> <li>-c. One or more cases of disease are thought to be associated with the facility's systems, or;</li> <li>-d. Changes occur in applicable laws, regulations, standards, or guidelines;</li> </ul> <p>-13. In the event of an update to the water management program, the water management team shall:</p> <ul style="list-style-type: none"> <li>-a. Update the water system schematic/description, associated control points, control limits, and any pre-determined corrective actions;</li> <li>-b. Train those responsible for implementing and monitoring the updated program;</li> </ul> <p>-14. Documentation of all the activities related to the water management program shall be maintained with the water management program binder for a minimum of three years;</p> <p>-15. The water management team shall report relevant information to the QAPI Committee.</p> <p>Review of the Centers for Disease Control and Prevention Legionella Environmental Assessment Form, undated, showed Legionella generally grows well between 77 degrees Fahrenheit (F) and 113 degrees F. The optimal growth range for Legionella is between 85 degrees F and 108 degrees F. Growth slows between 113 degrees F and 120 degrees F, and Legionella begin to die above 120 degrees F. Growth also slows between 68 degrees F and 77 degrees F, and Legionella become dormant below 68 degrees F.</p> <p>Review of the facility's water temperature log, dated 07/01/24, of the hot water temperatures showed the following:</p> <ul style="list-style-type: none"> <li>-Laundry, 108.2 degrees F. (no documentation any action was taken);</li> <li>-room [ROOM NUMBER], 105.3 degrees F. (no documentation any action was taken);</li> <li>-ORC unit, room [ROOM NUMBER], 106.3 degrees F. (no documentation any action was taken).</li> </ul> <p>Review of the water temperature log, dated 07/08/24, showed the temperature of the hot water in ORC unit room [ROOM NUMBER] was 107.1 degrees F. (no documentation any action was taken).</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the water temperature log, dated 07/18/24, of the hot water temperatures showed the following:</p> <ul style="list-style-type: none"> <li>-room [ROOM NUMBER], 106.3 degrees F. (no documentation any action was taken);</li> <li>-room [ROOM NUMBER], 108.1 degrees F. (no documentation any action was taken);</li> <li>-Kitchen, 105.6 degrees F. (no documentation any action was taken);</li> <li>-Laundry, 105.2 degrees F. (no documentation any action was taken);</li> <li>-room [ROOM NUMBER], 107.4 degrees F. (no documentation any action was taken);</li> <li>-ORC 6, 105.1 degrees F. (no documentation any action was taken).</li> </ul> <p>Review of the water temperature log, dated 07/23/24, of the hot water temperatures showed the following:</p> <ul style="list-style-type: none"> <li>-room [ROOM NUMBER], 105.3 degrees F. (no documentation any action was taken);</li> <li>-room [ROOM NUMBER], 108.9 degrees F. (no documentation any action was taken);</li> <li>-Kitchen, 105.5 degrees F. (no documentation any action was taken);</li> <li>-room [ROOM NUMBER], 106.7 degrees F. (no documentation any action was taken);</li> <li>-ORC 8, 105.4 degrees F. (no documentation any action was taken).</li> </ul> <p>During an interview on 08/22/24 at 6:14 P.M. and 09/11/24 at 4:15 P.M., the maintenance director said the following:</p> <ul style="list-style-type: none"> <li>-He measured the water temperatures weekly to ensure they were between 105 degrees F and 120 degrees F;</li> <li>-He had only checked the hot water temperatures;</li> <li>-There was no water committee at the facility;</li> <li>-He had never been to a water management meeting;</li> <li>-He had never flushed the whirlpool tub, which was located on the 400 hallway, because it was behind a locked door and was not being used;</li> <li>-Currently, there was no water testing conducted to detect Legionella bacteria;</li> <li>-There was no water flow diagram for the building;</li> <li>-He did not check for bio-film in the building;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-He took no action if water temperatures were under 110 degrees F. If the water temperature falls under 105 degrees F, he checks to make sure the mixing valve was working correctly for the hot water.</p> <p>Observations on 08/27/24 between 3:13 P.M. and 3:55 P.M. showed the following:</p> <ul style="list-style-type: none"> <li>-room [ROOM NUMBER], the cold water temperature was 80.2 degrees F;</li> <li>-room [ROOM NUMBER], the cold water temperature was 79.7 degrees F;</li> <li>-room [ROOM NUMBER], the cold water temperature was 84.0 degrees F;</li> <li>-room [ROOM NUMBER], the cold water temperature was 80.0 degrees F;</li> <li>-room [ROOM NUMBER], the cold water temperature was 80.5 degrees F;</li> <li>-room [ROOM NUMBER], the cold water temperature was 82.9 degrees F.</li> </ul> <p>During an interview on 09/11/24, at 5:36 P.M., the DON said the following:</p> <ul style="list-style-type: none"> <li>-The facility does not have a Water Management Committee that he was aware of;</li> <li>-The facility is expected to follow ASHRAE or CDC guidelines for legionella he does not think the facility has reviewed the guidelines.</li> </ul> <p>During an interview on 08/29/24 at 6:43 P.M., the Administrator said she expected a Legionella program to be followed and to include a water management team and to be compliant with ASHRAE guidelines.</p> <p>5. Review of the facility policy, Infection Prevention and Control Program, revised 05/15/23, showed the following:</p> <ul style="list-style-type: none"> <li>-This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines;</li> <li>-The designated Infection Preventionist is responsible for oversight of the program and serves as a consultant to our staff on infectious diseases, resident room placement, implementing isolation precautions, staff and resident exposures, surveillance, and epidemiological investigations of exposures of infectious diseases;</li> <li>-All staff are responsible for following all policies and procedures related to the program;</li> <li>-A system of surveillance is utilized for prevention, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon a facility assessment and accepted national standards;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-The Infection Preventionist serves as the leader in surveillance activities, maintains documentation of incidents, findings, and any corrective actions made by the facility and reports surveillance findings to the facility's Quality Assessment and Assurance Committee;</p> <p>-An antibiotic stewardship program will be implemented as part of the overall infection prevention and control program;</p> <p>-Antibiotic use protocols and a system to monitor antibiotic use will be implemented as part of the antibiotic stewardship program;</p> <p>-The Infection Preventionist, with oversight from the Director of Nursing, serves as the leader of the antibiotic stewardship program;</p> <p>-The Medical Director, consultant pharmacist, and laboratory manager will serve as resources for the antibiotic stewardship program.</p> <p>Review of the facility provided, Infection Control Log, for August 2024, showed the following:</p> <p>-Resident #25 was ordered macrobid (antibiotic) 100 milligrams (mg) twice daily for seven days on 08/02/24 for a urinary tract infection (UTI). There was no documentation of the organism being treated or the location (mapping), and no follow up documented after the antibiotic was completed;</p> <p>-Resident #48 was ordered ceftriaxone (antibiotic) two grams daily via IV on 08/06/24 for an infection in his/her left leg. There was no documentation of the organism being treated or the location (mapping);</p> <p>-Resident #48 was ordered linezolid (antibiotic) 600 mg, one tablet twice daily for 21 days on 08/07/24 for an infection in his/her left leg. There was no documentation of the organism being treated or the location (mapping);</p> <p>-Resident #48 was ordered flagyl (antibiotic) 500 mg twice daily for 42 days on 08/07/24 for an infection in his/her left leg. There was no documentation of the organism being treated or the location (mapping);</p> <p>-Resident #38 was ordered vancomycin (antibiotic) 500 mg daily via IV for 30 days on 08/07/24 for bacteremia (infections of the blood). There was no documentation of the location (mapping);</p> <p>-Resident #6 was ordered azithromycin (antibiotic) 250 mg daily for 10 days on 08/20/24 for a bacterial infection. there was no documentation of the location (mapping);</p> <p>-Resident #13 was ordered bactrim DS (antibiotic) 800 - 160 mg twice daily for seven days on 08/21/24 for a leg leg wound, there was no documentation of the organism being treated or the location (mapping); no follow up documented after the antibiotic was completed;</p> <p>-Resident #38 was ordered rifampin (antibiotic) 600 mg daily until 08/31/24 on 08/21/24 for an infection and inflammatory reaction, there was no documentation of the organism being treated or the location (mapping);</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Resident #38 was ordered vancomycin 500 mg daily via IV until 08/30/24 on 08/21/24 for MRSA, there was no documentation of the the location (mapping).</p> <p>During an interview on 08/22/24 at 04:30 P.M., the IP said she only downloaded a list of residents on antibiotics daily. She just makes sure the antibiotic was okay for the type of infection and did not track the organism or location of residents with infections.</p> <p>During an interview on 08/23/24 at 10:48 A.M., and 09/11/24 at 5:36 P.M., the DON said the following:</p> <p>-He expected the IP to have a map for infections;</p> <p>-He expected the IP to complete a follow up on the residents who have completed a course of antibiotics;</p> <p>-He expected the IP to contact physicians to document what organism is being treated when a resident is prescribed an antibiotic and to document the physicians response;</p> <p>-He expected IP to track infections and antibiotic use and communicate trends and concerns to the DON, the physician, and medical director if needed.</p> <p>6. Review of the facility policy, Employee Tuberculosis Testing, implemented 09/01/21, showed the following:</p> <p>-Tuberculosis (TB) screening and testing is conducted in this facility for the purpose of early identification, evaluation, and treatment of employees with latent TB infection (LTBI) or TB disease;</p> <p>-Policy Explanation and Compliance Guidelines:</p> <ol style="list-style-type: none"> <li>1. Follow state or local requirements regarding TB screening and testing of employees. In the absence of state or local requirements, follow CDC recommendations below;</li> <li>2. New Staff Screening: <ol style="list-style-type: none"> <li>a. At the time of employment, all new staff shall undergo pre-placement screening for TB, including an individual risk assessment, TB symptom screen, and a TB test.</li> <li>b. All new staff shall receive two Mantoux TB Skin Tests given two weeks apart (two-step testing) unless: <ol style="list-style-type: none"> <li>i. A previously positive TB skin test reaction or positive TB blood test is reported, OR</li> <li>ii. Evidence of completion of adequate therapy for active TB is reported, OR</li> <li>iii. Two negative TB skin tests within the past twelve months, the more recent within the last three months, can be documented, OR</li> </ol> </li> </ol> </li> </ol> <p>(continued on next page)</p>

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F 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Many	<ul style="list-style-type: none"> <li>iv. The employee has previously received the BCG vaccine. In this case, the employee shall be tested using a blood test (i.e. IGRA).</li> <li>c. All initial and follow-up TB tests shall be administered and interpreted (48-72 hours for skin tests) by a trained healthcare provider on our staff or any licensed physici</li> </ul>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>47008</p> <p>Based on observation, interview, and record review, the facility failed to ensure equipment used to transfer residents was maintained in good repair and in safe operating condition. The facility census was 54.</p> <p>Review of the facility policy, Safe Resident Handling/Transfers, dated 09/01/21, showed the following:</p> <ul style="list-style-type: none"> <li>-Staff will inspect the equipment prior to use to ensure functionality and will alert maintenance or other designee if the equipment is not functioning properly;</li> <li>-Damaged, broken, or improperly functioning lift equipment will not be used and tagged out according to facility policy;</li> <li>-The lift will be cleaned and disinfected according to manufacturer's instructions and after each resident use.</li> </ul> <p>1. Review of equipment checks provided by an outside vendor, dated April 2023, showed the following:</p> <ul style="list-style-type: none"> <li>-Three mechanical lifts in service;</li> <li>-Invacare RPL450-2, functional, hardware good, pass inspection;</li> <li>-Proactive Medical Protekt 600, functional, hardware good, battery low needs charged, pass inspection;</li> <li>-Invacare RPL600-2, functional, hardware good, scale calibrated, pass inspection;</li> <li>-Next inspection due April 2024.</li> <li>-Review showed the vendor did not complete an inspection after the April 2023.</li> </ul> <p>Observation of the facility mechanical lifts on 08/23/24 at 1:51 P.M. showed mechanical lifts in the storage hall, the Proactive Medical Protekt 600 and the Invacare RPL600-2, neither had a maintenance tag on them. A handwritten note was posted on the Proactive Medical Protekt 600 lift that noted, Do not use. Battery dead.</p> <p>Observation on 08/27/24 at 3:31 P.M. showed an additional mechanical lift, the Invacare RPL-450-2 was available in the storage hall.</p> <p>Observation on 08/27/24 at 3:49 P.M. of the Invacare RPL450-2 lift showed the following:</p> <ul style="list-style-type: none"> <li>-Marred legs with black buildup;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Wheels with dirt buildup and rust on the wheel covering and the wheel-lock;</p> <p>-Popping and creaking when raising and lowering the lift bar, without a resident in the lift.</p> <p>Observation on 08/27/24 at 3:57 P.M. of the Invacare RPL-600-2 lift showed the following:</p> <p>-Marred legs with black buildup;</p> <p>-Wheels with dirt buildup and rust on the wheel covering and the wheel-lock;</p> <p>-Marred lift arm and sling attachment point with chipping paint.</p> <p>2. Observation on 08/21/24 at 2:05 P.M., showed the following:</p> <p>-Certified Nurse Assistant (CNA) N and CNA Q transferred Resident #12 from the shower chair to the bed with a mechanical lift. CNA N lifted the resident out of the chair with the mechanical lift and pushed the lift forcefully with the resident in lift. CNA N said the wheels on the lift were sticking.</p> <p>Observation on 08/21/24 at 2:49 P.M., showed the following:</p> <p>-CNA Q and CNA O transferred Resident #36 from his/her wheelchair to the bed with a mechanical lift;</p> <p>-While CNA O raised the resident in the lift, the lift made creaking and popping sounds. The lifting motion jerked and bounced the resident in the lift sling;</p> <p>-Once the resident was lifted out of the chair, CNA O kicked the wheels and legs of the lift and pushed it forcefully to the bed.</p> <p>3. During an interview on 08/22/24 at 1:51 P.M., CNA M said some of the lifts were hard to use. The lift legs don't always roll or move freely. Sometimes staff had to kick or jerk the lift to get the wheels to move.</p> <p>During an interview on 08/22/24 at 4:05 P.M., CNA Q said the mechanical lifts had malfunctioned on him/her before. The legs and wheels got stuck on one of the lifts and made it hard to use.</p> <p>During interview on 08/23/24 at 9:06 A.M. and 9:40 A.M., CNA O said the following:</p> <p>-One of the mechanical lifts was hard to use due to the wheels sticking;</p> <p>-He/She had not reported the wheels sticking because the lift was still useable, just hard to use.</p> <p>During an interview on 08/23/24 at 9:57 A.M., CNA N said one of the mechanical lifts was broken; the battery did not work. The other two lifts had issues with the legs sticking and the wheels not rolling.</p> <p>During an interview on 08/23/24 at 9:32 A.M., CNA M said the following:</p> <p>(continued on next page)</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The facility had three mechanical lifts;</p> <p>-Staff could not use one of the lifts because the battery was broken, and the other two lifts were hard to use due to the legs and wheels sticking, but staff had to use them.</p> <p>During interviews on 08/23/24 at 11:23 A.M., the Director of Nursing (DON) said the following:</p> <p>-The facility had three mechanical lifts and one was not working due to a battery issue;</p> <p>-Staff had not notified him of any issues with or difficulty using the other two mechanical lifts;</p> <p>-He expected staff to notify him and maintenance staff if they had concerns with the functionality of the lifts.</p> <p>During an interview on 08/29/24, at 10:31 A.M., the Maintenance Director said the following:</p> <p>-The facility had three mechanical lifts;</p> <p>-One lift was just taken out of service because there was a problem with the battery connection; the battery wasn't holding a charge;</p> <p>-Staff had not reported any other issues regarding the Hoyer lifts to him;</p> <p>-Staff should tag the equipment for repair and communicate it needed to be repaired in the maintenance request book.</p> <p>During an interview on 09/11/24, at 2:10 P.M., the Administrator said the following:</p> <p>-She expected the mechanical lifts to work properly;</p> <p>-If there were issues with the wheels, electric or charging components, loose parts, or other malfunctions, the equipment should be taken out of service and maintenance made aware to make the needed repairs;</p> <p>-The Maintenance Director was responsible to ensure maintenance was completed on the mechanical lifts;</p> <p>-The Maintenance Director was responsible to complete repairs or coordinate with outside contractors if staff could not do the repairs in house;</p> <p>-During department head rounds, staff were supposed to identify areas that needed to be repaired, and the staff would let maintenance know if repairs were needed to the building, furniture or equipment.</p>

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Develop, implement, and/or maintain an effective training program for all new and existing staff members.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38016</p> <p>Based on interview and record review, the facility failed to ensure an effective training program for new and existing staff was in place. The facility identified specific training needs in the facility assessment. The facility did not have documentation or evidence required training was completed for four (Certified Nurse Assistant (CNA) O, CNA Y, CNA AA and CNA BB) out of nine employees. The facility census was 54.</p> <p>Review of the Facility Assessment, Staff training/education and competencies section, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> <li>-The facility makes a good faith effort to provide staff training/education and the competencies/skill checks necessary to provide the level and types of support and care needed for our resident population;</li> <li>-The facility utilizes the Education/ Compliance Calendar to identify needed compliance and disaster education topics (available upon request);</li> <li>-Ad hoc education occurs based on facility need and circumstances/events that affect the overall operations of the facility and resident care. Skill checks are completed annually for nurses, nurse aides and medication aides through completion of annual Skills Fairs;</li> <li>-Our facility has identified the following training topics that may be utilized by our staff including managers, nursing, direct care staff, contracted individuals and volunteers consistent with their expected roles. This is not an inclusive list;</li> <li>-Communication: effective communications for direct care staff;</li> <li>-Resident's rights and facility responsibilities: staff members are educated on the rights of the resident and the responsibilities of a facility to properly care for its residents;</li> <li>-Abuse, neglect and exploitation: training that, at a minimum, educates staff regarding:</li> <li>-Activities which constitute abuse, neglect, exploitation and misappropriation of resident property;</li> <li>-Procedures for reporting incidents of abuse, neglect, exploitation or the misappropriation of resident property;</li> <li>-Care/management for persons with dementia and resident abuse prevention;</li> <li>-Infection control: includes the written standards, policies and procedures for the program including hand hygiene and personal protective equipment (PPE) Donning/ Doffing;</li> <li>-Required in-service training for nurse aides. In-service training must:</li> </ul> <p>(continued on next page)</p>		

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<ul style="list-style-type: none"> <li>-Be sufficient to ensure the continuing competence of nurse aides but must be no less than 12 hours per year;</li> <li>-Include dementia management training and resident abuse prevention training;</li> <li>-Address areas of weakness as determined in nurse aides' performance reviews and facility assessment and may address the special needs of residents as determined by the facility staff; and</li> <li>-For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired;</li> <li>-Identification of resident change in condition: Includes how to identify medical issues appropriately, how to determine if symptoms represent problems in need of intervention, how to identify when medical interventions are having negative outcomes rather than improving overall well-being and quality of life;</li> <li>-Cultural competency: includes ability to effectively deliver healthcare services that meet the social, cultural, and linguistic needs of residents including resident-centered care;</li> <li>-Quality Assurance Performance Improvement (QAPI) Process;</li> <li>-Emergency preparedness;</li> <li>-Wound/pressure injury prevention; Skin Management Program;</li> <li>-Fall Management Prevention Program;</li> <li>-Elopement Management Program;</li> <li>-Behavioral health, i.e., substance use disorder, de-escalation techniques;</li> <li>-Compliance and ethics;</li> <li>-Our facility has identified the following competencies that may be utilized by our staff. This is not an all-inclusive list;</li> <li>-Person-centered care: includes, but is not limited to, person-centered care planning, education to resident and family/resident representative about treatments and medications, documentation of resident treatment preferences, end-of-life care and advance care planning;</li> <li>-Activities of daily living (bathing, bed-making, transfers, etc.);</li> <li>-Disaster planning and procedures includes emerging infections, active shooter, elopement, fire, flood, power outage and weather;</li> <li>-Infection control: includes hand hygiene, isolation, standard universal precautions including use of personal protective equipment, multidrug resistant organisms (MDROs) precautions and environmental cleaning;</li> </ul> <p>(continued on next page)</p>		

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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.			
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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Medication administration: includes injectable, oral, subcutaneous, topical, intravenous via peripheral, peripherally inserted central catheter (PICC) (a long, thin flexible tube that's inserted into a vein in the upper arm and threaded into a larger vein above the heart), and/ or central lines (a thin, flexible tube that is inserted into a large vein in the body);</p> <p>-Resident assessment and examinations include the admission assessment, skin assessment, pressure injury assessment, neurological check, lung sounds, nutritional check, observations of response to treatment and pain assessment;</p> <p>-Caring for persons with Alzheimer's or other dementia;</p> <p>-Specialized care: includes catheterization insertion/care, colostomy care, diabetic blood glucose testing, oxygen administration, nebulizer treatments, suctioning, pre-op and post op care, trach care/suctioning, bipap/ cpap, ostomies, enteral/ parenteral nutrition, wound care/dressings, dialysis care, and IV placement, use and care;</p> <p>-Emergency care: CPR/ Heimlich Maneuver;</p> <p>-Behavioral health: includes caring for residents with mental and psychosocial disorders and residents with a history of trauma and/or post-traumatic stress disorder and implementing nonpharmacological interventions;</p> <p>-Resident safety;</p> <p>-Pressure injury prevention;</p> <p>-Abuse, Neglect, and Exploitation prevention and reporting;</p> <p>-Handling and oxygen safety;</p> <p>-Staff are trained in policies and procedures, consistent with their roles.</p> <p>The facility did not provide a copy of an Education/Compliance Calendar when requested.</p> <p>Review of the facility General Orientation Checklist, undated, showed the following: (Each item listed has a place for the instructor and employee to initial)</p> <p>-Customer Service/Core Values;</p> <p>-Facility Organization Structure;</p> <p>-Residents Rights;</p> <p>-Anti-Harassment;</p> <p>-Open Door Communication &amp; Dispute Resolution Procedure;</p> <p>(continued on next page)</p>		

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<ul style="list-style-type: none"> <li>-Code of Conduct &amp; Corporate Compliance Program;</li> <li>-Confidentiality &amp; HIPAA/PHI;</li> <li>-Information Systems &amp; Electronic Devices;</li> <li>-Abuse / Neglect Prevention - Power point;</li> <li>-Grievance Procedure and Form;</li> <li>-Cultural Diversity and Sensitivity - Power point;</li> <li>-Ethical Issues - Power point;</li> <li>-Caring for the Dementia Resident - Power point;</li> <li>-Advanced Directives and Procedure, DNR Form;</li> <li>-Work Orders Policy and Example;</li> <li>-Safety/Hazard Prevention (SDS, Lockout-Tagout, Safety Prevention) - Power point;</li> <li>-Fire Safety Code Red - Power Point and Policy;</li> <li>-Emergency Management Preparedness - Power point;</li> <li>-Emergency Management Color Code Chart;</li> <li>-Facility Tour - shut off valves, eye wash stations, Biohazard rooms, Alarm Keypads and Door Codes, etc.;</li> <li>-Location of Laundry Room / Cleaning Supplies/Linen;</li> <li>-Labeling Resident Clothing;</li> <li>-Bringing Down Soiled Linen/clothing;</li> <li>-Location of Kitchen;</li> <li>-Mealtimes and Snacks;</li> <li>-How to Read Resident Diet Card - sample;</li> <li>-Resident Menus, Menu Location Posting and Alternative Choices;</li> <li>-How to Report a Special Request;</li> <li>-Explain What activities does for residents;</li> </ul> <p>(continued on next page)</p>

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<ul style="list-style-type: none"> <li>-Review Activity Calendar, where is it located, evening and weekend activities;</li> <li>-How Staff Can Help with Activities;</li> <li>-Resident Council;</li> <li>-What is the MDS;</li> <li>-Care Planning and Point of Care charting;</li> <li>-Infection Prevention - Standard and Transmission Based Precautions and Signage, Handwashing, PPE Usage - Power point;</li> <li>-PPE Donning/Doffing Procedure Handout;</li> <li>-Handwashing Policy and Competency;</li> <li>-Bloodborne Pathogens - Power Point;</li> <li>-Tuberculosis, Power Point;</li> <li>-Age Specific Care - Power point;</li> <li>-Fall &amp; Accident Prevention - Power point;</li> <li>-Pain Management - Power point;</li> <li>-Pressure Ulcer Prevention - Power point;</li> <li>-Seasonal Flu Vaccine Information Sheet / Consent;</li> <li>-Hepatitis B Vaccine Information Sheet / Consent;</li> <li>-COVID 19 Information Sheet / Consent or Declination;</li> <li>-Therapy/ Nursing Staff Only;</li> <li>-Gait Belt Transfer training - Procedure;</li> <li>-Mechanical lift training - Power point;</li> <li>-Competency Check Off for transfers.</li> </ul> <p>(continued on next page)</p>

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-I certify that I have attended the General Orientation program for this facility. I acknowledge that I have received verbal and written instruction regarding the facility's policies and guidelines. I recognize that it is my responsibility to read and review the written guidelines provided to me during orientation and to seek clarification from my supervisor, department head, administrator or the human resources department if I have any questions regarding any of the facility policies, procedures, or guidelines.</p> <p>Review of the facility policy, Safe Resident Handling/Transfers, dated [DATE], showed the following:</p> <p>-The facility is to ensure that residents are handled and transferred safely to prevent or minimize risks for injury;</p> <p>-All residents require safe handling when transferred to prevent or minimize the risk for injury to themselves;</p> <p>-Staff will be educated on the use of safe handling/transfer practices to include use of mechanical lift devices upon hire, annually and as the need arises or changes in equipment occur;</p> <p>-Staff must demonstrate competency in the use of mechanical lifts prior to use and annually with documentation of that competency placed in their education file.</p> <p>The facility provided skills fair attendance records dated [DATE] and [DATE].</p> <p>1. Review of CNA O's employee education file showed a hire date of [DATE].</p> <p>CNA O's employee file did not include a general orientation checklist and did not have documentation he/she attended the general orientation to the facility.</p> <p>Review of the facility skills fair attendance list for [DATE] and [DATE], showed they did not include CNA O's signature of attendance.</p> <p>Review of the In-Service record book showed the employee signed he/she attended an in-service on falls on [DATE].</p> <p>CNA O did not sign that he/she attended any other education or training sessions.</p> <p>CNA O's education record did not show a minimum of 12 hours of training, training or competencies identified in the facility assessment, or other policies in the facility.</p> <p>2. Review of CNA Y's employee education file showed a hire date of [DATE].</p> <p>His/Her employee file did not include a general orientation checklist and did not have documentation he/she attended the general orientation to the facility.</p> <p>Review of the In-Service record book showed CNA Y did not sign that he/she attended any other education or training sessions.</p> <p>(continued on next page)</p>		

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the facility skills fair attendance list for [DATE] and [DATE] showed it did not include CNA Y's signature of attendance.</p> <p>CNA Y's education record did not show a minimum of 12 hours of training, training or competencies identified in the facility assessment or other policies in the facility.</p> <p>3. Review of CNA AA's employee education file showed a hire date of [DATE].</p> <p>His/Her employee file did not include a general orientation checklist and the employee did not have documentation he/she attended the general orientation to the facility.</p> <p>Review of the In-Service record book showed CNA AA did not sign that he/she attended any other education or training sessions.</p> <p>Review of the facility skills fair attendance list for [DATE] and [DATE] showed it did not include CNA AA's signature of attendance.</p> <p>CNA AA's education record did not show a minimum of 12 hours of training, training or competencies identified in the facility assessment or other policies in the facility.</p> <p>4. Review of CNA BB's employee education file showed his/her hire date of [DATE].</p> <p>His/Her employee file did not include a general orientation checklist and the employee did not have documentation he/she attended the general orientation to the facility.</p> <p>Review of the In-Service record book showed CNA AA did not sign that he/she attended any other education or training sessions.</p> <p>Review of the facility skills fair attendance list for [DATE] and [DATE] showed it did not include CNA BB's signature of attendance.</p> <p>CNA BB's education record did not show a minimum of 12 hours of training, training or competencies identified in the facility assessment or other policies in the facility.</p> <p>5. During an interview on [DATE] at 1:51 P.M., CNA M said the facility did not provide any training on mechanical lifts. Staff learned from each other.</p> <p>During an interview on [DATE] at 3:57 P.M., CNA P said he/she had not received any training on mechanical lifts at the facility.</p> <p>During an interview on [DATE] at 2:20 P.M., the Director of Rehabilitation said the following:</p> <ul style="list-style-type: none"> <li>-The therapy department tried to conduct a safe transfer training a couple times each year;</li> <li>-The therapy department provided a group training at the beginning of the year and the facility recently had a Skills Fair to go over and practice the different types of transfers, including mechanical lift transfers;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-They were planning to start this training as a part of the new hire orientation, but that had not happened.</p> <p>During an interview on [DATE] at 11:23 A.M. and [DATE] at 4:51 P.M., the Director of Nursing (DON) said the following:</p> <p>-He started as the DON three and one half months ago;</p> <p>-He was responsible for all nursing staff training and was responsible to ensure education and training was completed for all staff;</p> <p>-The DON thought everyone had completed the education fair in July but they did not. The previous corporate team was removed two weeks prior to survey and they provided that education;</p> <p>-He has been providing education for new hires and monthly since June, but did not have documentation, including sign up sheets that could be reviewed.</p> <p>-The company had an education calendar that listed two to five areas to provide education on each month;</p> <p>-He does not have individual records to track 12 hours of CNA education;</p> <p>-There was no education check off list that he knew of for new hires;</p> <p>-He reviewed the employee manual and thought Human Resources documented the education so he did not;</p> <p>-Mechanical lift training was one of the twelve required hours of training for CNAs every year;</p> <p>-He will provide additional training between the annual training if there was a lot of new employees or issues;</p> <p>-During all trainings he will do a hands-on demonstration, then staff will do a return demonstration.</p>

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<p>F 0941</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members.</p> <p>38016</p> <p>Based on interview and record review, the facility failed to ensure all employees completed communication training for nine out of nine employees (Certified Nurse Aide (CNA) O, CNA U, CNA Y, CNA Z, CNA AA, CNA BB, CNA E, CNA Q and CNA CC) employees reviewed. The facility did not have a plan or system in place to ensure the training would be completed. The facility census was 54.</p> <p>Review of the Facility Assessment, Staff training/education and competencies section, dated 08/02/24, showed the following:</p> <ul style="list-style-type: none"> <li>-The facility makes a good faith effort to provide staff training/education and the competencies/skill checks necessary to provide the level and types of support and care needed for our resident population;</li> <li>-The facility utilizes the Education/Compliance Calendar to identify needed compliance and disaster education topics (available upon request);</li> <li>-Ad hoc education occurs based on facility need and circumstances/events that affect the overall operations of the facility and resident care. Skill checks are completed annually for nurses, nurse aides and medication aides through completion of Annual Skills Fairs;</li> <li>-Our facility has identified the following training topics that may be utilized by our staff including managers, nursing, direct care staff, contracted individuals and volunteers consistent with their expected roles;</li> <li>-This list included communication: effective communications for direct care staff.</li> </ul> <p>The facility did not provide evidence of an education/compliance calendar following request.</p> <p>Review of the facility General Orientation Checklist, undated, showed education for Open Door Communication &amp; Dispute Resolution Procedure.</p> <p>1. Review of CNA O's employee education file showed his/her hire date of 08/25/23 (employed by the facility approximately one year). His/Her employee file did not include a general orientation checklist.</p> <p>CNA O's education record did not show education on communication.</p> <p>2. Review of CNA U's employee education file showed his/her hire date of 12/06/22. His/Her employee file did not include a general orientation checklist.</p> <p>CNA' Us education record did not show education on communication.</p> <p>3. Review of CNA Y's employee education file showed his/her hire date of 08/05/23. His/Her employee file did not include a general orientation checklist.</p> <p>(continued on next page)</p>		

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<p>F 0941</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>CNA Y's education record did not show education on communication.</p> <p>4. Review of CNA Z's employee education file showed his/her hire date of 09/15/23. His/Her employee file did not include a general orientation checklist.</p> <p>CNA Z's education record did not show education on communication.</p> <p>5. Review of CNA AA's employee education file showed his/her hire date of 09/15/23. His/Her employee file did not include a general orientation checklist.</p> <p>CNA AA's education record did not show education on communication.</p> <p>6. Review of CNA BB's employee education file showed his/her hire date of 08/24/23. His/Her employee file did not include a general orientation checklist.</p> <p>CNA BB's education record did not show education on communication.</p> <p>7. Review of CNA E's employee education file showed his/her hire date of 12/4/22.</p> <p>Review of CNA E's file showed a general orientation checklist completed 5/25/21 (7 months prior to his/her employment) that did not include education on communication.</p> <p>CNA E's education record did not show education on communication.</p> <p>8. Review of CNA Q's employee education file showed his/her hire date of 6/18/23.</p> <p>Review of CNA Q's employee file showed a general orientation checklist completed 6/23/23 that did not include education on communication.</p> <p>CNA Q's education record did not show education on communication.</p> <p>9. Review of CNA CC's employee education file showed his/her hire date of 8/4/23. His/Her employee file did not include a general orientation checklist.</p> <p>CNA CC's education record did not show education on communication.</p> <p>10. During an interview on 09/11/24 at 4:51 P.M., the Director of Nursing (DON) said the following:</p> <ul style="list-style-type: none"> <li>-He started as the DON three and one half months ago;</li> <li>-He was responsible to ensure education and training was completed for all staff;</li> <li>-He said he provided education for new hires and monthly but did not document it. He did not think it included communication;</li> <li>-The company had an education calendar that listed two to five areas to provide education on each month;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0941</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-He does not have individual records to track 12 hours of CNA education;</p> <p>-There was no education check off that he knew of for new hires;</p> <p>-He reviewed the employee manual and thought Human Resources documented the education so he did not.</p>		

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<p>F 0942</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure that staff members are educated on resident rights and facility responsibilities to properly care for its residents.</p> <p>38016</p> <p>Based on interview and record review, the facility failed to ensure all employees received training on resident rights. The facility identified specific training needs in the facility assessment, and did not have documentation or evidence the required training was completed for four employees (Certified Nurse Aide (CNA) O, CNA Y, CNA AA and CNA BB) of nine employees (employees who have been working at the facility for at least one year) reviewed, or a current plan to ensure the training would be completed. The facility census was 54.</p> <p>Review of the Facility Assessment, Staff training/education and competencies section, dated 08/02/24, showed the following:</p> <ul style="list-style-type: none"> <li>-The facility makes a good faith effort to provide staff training/education and the competencies/skill checks necessary to provide the level and types of support and care needed for our resident population;</li> <li>-The facility utilizes the Education/Compliance Calendar to identify needed compliance and disaster education topics (available upon request);</li> <li>-Ad hoc education occurs based on facility need and circumstances/events that affect the overall operations of the facility and resident care. Skill checks are completed annually for nurses, nurse aides, and medication aides through completion of the annual Skills Fairs;</li> <li>-Our facility has identified the following training topics that may be utilized by our staff including managers, nursing, direct care staff, contracted individuals and volunteers consistent with their expected roles: Resident's rights and facility responsibilities, staff members are educated on the rights of the resident and the responsibilities of a facility to properly care for its residents.</li> </ul> <p>Review of the facility General Orientation Checklist, undated, showed Residents Rights was listed on the new employee checklist.</p> <p>1. Review of CNA O's employee education file showed his/her hire date of 08/25/23 (employed by the facility approximately one year). His/Her employee file did not include a general orientation checklist.</p> <p>Review of the facility skills fair attendance list for 01/11/24 and 07/05/24 (only skills fair checklists provided) did not include CNA O's signature of attendance.</p> <p>Review of the In-Service record book showed the employee signed he/she attended an in-service on falls on 08/06/24. CNA O did not sign that he/she attended any other education or training sessions.</p> <p>CNA O's education record did not show education on Resident Rights.</p> <p>2. Review of CNA Y's employee education file showed his/her hire date of 08/05/23. His/Her employee file did not include a general orientation checklist.</p> <p>(continued on next page)</p>		

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<p>F 0942</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the In-Service record book showed CNA Y did not sign that he/she attended any other education or training sessions.</p> <p>Review of the facility skills fair attendance list for 01/11/24 and 07/5/24 (only skills fair checklists provided) did not include CNA Y's signature of attendance.</p> <p>CNA Y's education record did not show education on Resident Rights.</p> <p>3. Review of CNA AA's employee education file showed his/her hire date of 09/15/23. His/Her employee file did not include a general orientation checklist.</p> <p>Review of the In-Service record book showed CNA AA did not sign that he/she attended any other education or training sessions.</p> <p>Review of the facility skills fair attendance list for 01/11/24 and 07/05/24 (only skills fair checklists provided) did not include CNA AA's signature of attendance.</p> <p>CNA AA's education record did not show education on Resident Rights.</p> <p>4. Review of CNA BB's employee education file showed his/her hire date of 08/24/23. His/Her employee file did not include a general orientation checklist.</p> <p>Review of the In-Service record book showed CNA AA did not sign that he/she attended any other education or training sessions.</p> <p>Review of the facility skills fair attendance list for 01/11/24 and 07/05/24 (only skills fair checklists provided) did not include CNA BB's signature of attendance.</p> <p>CNA BB's education record did not show education on Resident Rights.</p> <p>5. During an interview on 09/11/24 at 4:51 P.M., the Director of Nursing (DON) said the following:</p> <ul style="list-style-type: none"> <li>-He started as the DON three and one half months ago;</li> <li>-He was responsible to ensure education and training was completed for all staff;</li> <li>-He said he provided education for new hires and monthly but did not document it, and he thinks it included resident rights but wasn't sure. Resident rights was on the education fair list in July but all staff did not attend;</li> <li>-The company has an education calendar that listed two to five areas to provide education on each month;</li> <li>-He does not have individual records to track 12 hours of CNA education;</li> <li>-There was no education check off that he knew of for new hires;</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  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	

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<p>F 0942</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-He reviewed the employee manual and thought Human Resources documented the education so he did not.</p>

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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 0944</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program.</p> <p>38016</p> <p>Based on interview and record review, the facility failed to ensure that Quality Assurance Performance Improvement (QAPI) process training was completed for all staff. The facility identified specific training needs in the facility assessment, the facility did not have documentation or evidence the required training was completed for four employees (Certified Nurse Assistant (CNA) O, CNA Y, CNA AA and CNA BB) of nine employees (of employees who have been working at the facility for at least one year) reviewed, or a current plan to ensure the training would be completed. The facility census was 54.</p> <p>Review of the Facility Assessment, Staff training/education and competencies section, dated 08/02/24, showed the following:</p> <ul style="list-style-type: none"> <li>-The facility makes a good faith effort to provide staff training/education and the competencies/skill checks necessary to provide the level and types of support and care needed for our resident population;</li> <li>-The facility utilizes the Education/Compliance Calendar to identify needed compliance and disaster education topics (available upon request);</li> <li>-Ad hoc education occurs based on facility need and circumstances/events that affect the overall operations of the facility and resident care. Skill checks are completed annually for nurses, nurse aides and medication aides through completion of annual Skills Fairs;</li> <li>-Our facility has identified the following training topics that may be utilized by our staff including managers, nursing, direct care staff, contracted individuals and volunteers consistent with their expected roles: Quality Assurance Performance Improvement (QAPI) Process.</li> </ul> <p>Review of the facility General Orientation Checklist, undated, showed it did not include QAPI process training.</p> <p>1. Review of CNA O's employee education file showed his/her hire date of 08/25/23 (employed by the facility approximately one year). His/Her employee file did not include a general orientation checklist.</p> <p>Review of the In-Service record book showed the employee signed he/she attended an in-service on falls on 08/06/24. CNA O did not sign that he/she attended any other education or training sessions.</p> <p>Review of the facility skills fair attendance list for 01/11/24 and 07/05/24 (only skills fair checklists provided) did not include CNA O's signature of attendance.</p> <p>CNA O's education record did not show QAPI process training.</p> <p>2. Review of CNA Y's employee education file showed his/her hire date of 08/05/23. His/Her employee file did not include a general orientation checklist.</p> <p>(continued on next page)</p>		

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<p>F 0944</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the In-Service record book showed CNA Y did not sign that he/she attended any other education or training sessions.</p> <p>Review of the facility skills fair attendance list for 01/11/24 and 07/05/24 (only skills fair checklists provided) did not include CNA Y's signature of attendance.</p> <p>CNA Y's education record did not show QAPI process training.</p> <p>3. Review of CNA AA's employee education file showed his/her hire date of 09/15/23. His/Her employee file did not include a general orientation checklist.</p> <p>Review of the In-Service record book showed CNA AA did not sign that he/she attended any other education or training sessions.</p> <p>Review of the facility skills fair attendance list for 01/11/24 and 07/05/24 (only skills fair checklists provided) did not include CNA AA's signature of attendance.</p> <p>CNA AA's education record did not show QAPI process training</p> <p>4. Review of CNA BB's employee education file showed his/her hire date of 08/24/23. His/Her employee file did not include a general orientation checklist.</p> <p>Review of the In-Service record book showed CNA BB did not sign that he/she attended any other education or training sessions.</p> <p>Review of the facility skills fair attendance list for 01/11/24 and 07/05/24 (only skills fair checklists provided) did not include CNA BB's signature of attendance.</p> <p>CNA BB's education record did not show QAPI process training.</p> <p>5. During an interview on 09/11/24 at 4:51 P.M., the Director of Nursing (DON) said the following:</p> <ul style="list-style-type: none"> <li>-He started as the DON three and one half months ago;</li> <li>-He was responsible to ensure education and training was completed for all staff;</li> <li>-He provided education for new hires and monthly but did not document it. He did not think it included QAPI;</li> <li>-QAPI was on the education fair list in July but all staff did not attend;</li> <li>-The company has an education calendar that listed two to five areas to provide education on each month;</li> <li>-He does not have individual records to track 12 hours of CNA education;</li> <li>-There was no education check off that he knew of for new hires;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0944</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-He reviewed the employee manual and thought Human Resources documented the education so he did not.</p>		

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<p>F 0945</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Include as part of its infection prevention and control program, mandatory training that includes written standards, policies, and procedures for the program.</p> <p>38016</p> <p>Based on interview and record review, the facility failed to ensure all employees completed education on infection control. The facility identified specific training needs in the facility assessment, the facility did not have documentation or evidence the required training was completed for four employees (Certified Nurse Assistant (CNA) O, CNA Y, CNA AA and CNA BB) of nine employees (employees who have been working at the facility for at least one year) reviewed, or a current plan to ensure the training would be completed. The facility census was 54.</p> <p>Review of the Facility Assessment, Staff training/education and competencies section, dated 08/02/24, showed the following:</p> <ul style="list-style-type: none"> <li>-The facility makes a good faith effort to provide staff training/education and the competencies/skill checks necessary to provide the level and types of support and care needed for our resident population;</li> <li>-The facility utilizes the Education/Compliance Calendar to identify needed compliance and disaster education topics (available upon request);</li> <li>-Ad hoc education occurs based on facility need and circumstances/events that affect the overall operations of the facility and resident care. Skill checks are completed annually for nurses, nurse aides and medication aides through completion of annual Skills Fairs;</li> <li>-Our facility has identified the following training topics that may be utilized by our staff including managers, nursing, direct care staff, contracted individuals and volunteers consistent with their expected roles. This is not an inclusive list:</li> <li>-Infection control: includes hand hygiene, isolation, standard universal precautions including use of personal protective equipment (PPE), multidrug resistant organisms (MDROs) precautions and environmental cleaning.</li> </ul> <p>Review of the facility General Orientation Checklist, undated, showed the following:</p> <ul style="list-style-type: none"> <li>-Infection Prevention - Standard and Transmission Based Precautions and Signage, Handwashing, PPE Usage - Power point;</li> <li>-PPE Donning/Doffing Procedure Handout;</li> <li>-Handwashing Policy and Competency;</li> <li>-Bloodborne Pathogens - Power Point;</li> <li>-Tuberculosis - Power Point.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0945</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>1. Review of CNA O's employee education file showed his/her hire date of 08/25/23 (employed by the facility approximately one year). His/Her employee file did not include a general orientation checklist.</p> <p>Review of the facility skills fair attendance list for 01/11/24 and 07/05/24 (only skills fair checklists provided) did not include CNA O's signature of attendance.</p> <p>Review of the In-Service record book showed the employee signed he/she attended an in-service on falls on 08/06/24. CNA O did not sign that he/she attended any other education or training sessions.</p> <p>CNA O's education record did not show infection control training.</p> <p>2. Review of CNA Y's employee education file showed his/her hire date of 08/05/23. His/Her employee file did not include a general orientation checklist.</p> <p>Review of the In-Service record book showed CNA Y did not sign that he/she attended any other education or training sessions.</p> <p>Review of the facility skills fair attendance list for 01/11/24 and 07/05/24 (only skills fair checklists provided) did not include CNA Y's signature of attendance.</p> <p>CNA Y's education record did not show infection control training.</p> <p>3. Review of CNA AA's employee education file showed his/her hire date of 09/15/23. His/Her employee file did not include a general orientation checklist.</p> <p>Review of the In-Service record book showed CNA AA did not sign that he/she attended any other education or training sessions.</p> <p>Review of the facility skills fair attendance list for 01/11/24 and 07/05/24 (only skills fair checklists provided) did not include CNA AA's signature of attendance.</p> <p>CNA AA's education record did not show infection control training.</p> <p>4. Review of CNA BB's employee education file showed his/her hire date of 08/24/23. His/Her employee file did not include a general orientation checklist.</p> <p>Review of the In-Service record book showed CNA AA did not sign that he/she attended any other education or training sessions.</p> <p>Review of the facility skills fair attendance list for 01/11/24 and 07/05/24 (only skills fair checklists provided) did not include CNA BB's signature of attendance.</p> <p>CNA BB's education record did not show infection control training.</p> <p>5. During an interview on 09/11/24 at 4:51 P.M., the Director of Nursing (DON) said the following:</p> <p>-He started as the DON three and one half months ago;</p> <p>(continued on next page)</p>

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<p>F 0945</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-He was responsible to ensure education and training was completed for all staff;</p> <p>-It was covered by the fair but some staff did not attend;</p> <p>-The company has an education calendar that listed two to five areas to provide education on each month;</p> <p>-He does not have individual records to track 12 hours of CNA education;</p> <p>-He did the education for new hires;</p> <p>-There was no education check off that he knew of for new hires;</p> <p>-He reviewed the employee manual and thought Human Resources documented the education so he did not.</p>

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<p>F 0946</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide training in compliance and ethics.</p> <p>38016</p> <p>Based on interview and record review, the facility failed to ensure all staff completed compliance and ethics training. The facility identified specific training needs in the facility assessment, the facility did not have documentation or evidence the required training was completed for seven employees (Certified Nurse Aide (CNA) O, CNA U, CNA Y, CNA Z, CNA AA, CNA BB and CNA CC) of nine employees ( employees who have been working at the facility for at least one year) reviewed, or a current plan to ensure the training would be completed. The facility census was 54.</p> <p>Review of the Facility Assessment, Staff training/education and competencies section, dated 08/02/24, showed the following:</p> <ul style="list-style-type: none"> <li>-The facility makes a good faith effort to provide staff training/education and the competencies/skill checks necessary to provide the level and types of support and care needed for our resident population;</li> <li>-The facility utilizes the Education/Compliance Calendar to identify needed compliance and disaster education topics (available upon request);</li> <li>-Ad hoc education occurs based on facility need and circumstances/events that affect the overall operations of the facility and resident care. Skill checks are completed annually for nurses, nurse aides and medication aides through completion of annual Skills Fairs;</li> <li>-Our facility has identified the following training topics that may be utilized by our staff including managers, nursing, direct care staff, contracted individuals and volunteers consistent with their expected roles. This is not an inclusive list:</li> </ul> <ul style="list-style-type: none"> <li>-Compliance and ethics.</li> </ul> <p>Review of the facility General Orientation Checklist, undated, showed the following:</p> <ul style="list-style-type: none"> <li>-Code of Conduct &amp; Corporate Compliance Program;</li> <li>-Ethical Issues - Power point.</li> </ul> <p>1. Review of CNA O's employee education file showed his/her hire date of 08/25/23 (employed by the facility approximately one year). His/Her employee file did not include a general orientation checklist.</p> <p>Review of the In-Service record book showed CNA O did not sign that he/she attended any other education or training sessions.</p> <p>CNA O's education record did not show completion of compliance and ethics training.</p> <p>2. Review of CNA U's employee education file showed his/her hire date of 12/06/22. His/Her employee file did not include a general orientation checklist.</p> <p>(continued on next page)</p>

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<p>F 0946</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the In-Service record book showed CNA U did not sign that he/she attended any other education or training sessions.</p> <p>CNA U's education record did not show completion of compliance and ethics training.</p> <p>3. Review of CNA Y's employee education file showed his/her hire date of 08/05/23. His/Her employee file did not include a general orientation checklist.</p> <p>Review of the In-Service record book showed CNA Y did not sign that he/she attended any other education or training sessions.</p> <p>CNA Y's education record did not show completion of compliance and ethics training.</p> <p>4. Review of CNA Z's employee education file showed his/her hire date of 09/15/23. His/Her employee file did not include a general orientation checklist.</p> <p>Review of the In-Service record book showed CNA Z did not sign that he/she attended any other education or training sessions.</p> <p>CNA Z's education record did not show completion of compliance and ethics training.</p> <p>5. Review of CNA AA's employee education file showed his/her hire date of 09/15/23. His/Her employee file did not include a general orientation checklist.</p> <p>Review of the In-Service record book showed CNA AA did not sign that he/she attended any other education or training sessions.</p> <p>CNA AA's education record did not show completion of compliance and ethics training.</p> <p>6. Review of CNA BB's employee education file showed his/her hire date of 08/24/23. His/Her employee file did not include a general orientation checklist.</p> <p>Review of the In-Service record book showed CNA BB did not sign that he/she attended any other education or training sessions.</p> <p>CNA BB's education record did not show completion of compliance and ethics training.</p> <p>7. Review of CNA CC's employee education file showed his/her hire date of 08/04/23. His/Her employee file did not include a general orientation checklist.</p> <p>Review of the In-Service record book showed CNA CC did not sign that he/she attended any other education or training sessions.</p> <p>CNA CC's education record did not show completion of compliance and ethics training.</p> <p>8. During an interview on 09/11/24 at 4:51 P.M., the Director of Nursing (DON) said the following:</p> <p>-He started as the DON three and one half months ago;</p> <p>(continued on next page)</p>

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<p>F 0946</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-He was responsible to ensure education and training was completed for all staff;</p> <p>-He thinks it is in new hire but did not have evidence all staff attended new hire or the fair, it was also covered in the skills fair;</p> <p>-The company has an education calendar that listed two to five areas to provide education on each month;</p> <p>-He does not have individual records to track 12 hours of CNA education;</p> <p>-He did the education for new hires;</p> <p>-There was no education check off that he knew of for new hires;</p> <p>-He reviewed the employee manual and thought Human Resources documented the education so he did not.</p>

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38016</p> <p>Based on interview and record review, the facility failed to ensure an effective training program for Certified Nurse Assistants (CNA) that included training on dementia and abuse prevention. The facility identified specific training needs in the facility assessment and the facility did not have documentation or evidence the required training was completed for four employees (CNA O, CNA Y, CNA AA and CNA BB) of nine employees (employees who have been working at the facility for at least one year) reviewed, or a current plan to ensure the training would be completed. The facility did not ensure CNAs received a minimum of 12 hours of training annually. The facility census was 54.</p> <p>Review of the Facility Assessment, Staff training/education and competencies section, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> <li>-The facility makes a good faith effort to provide staff training/education and the competencies/skill checks necessary to provide the level and types of support and care needed for our resident population;</li> <li>-The facility utilizes the Education/Compliance Calendar to identify needed compliance and disaster education topics (available upon request);</li> <li>-Ad hoc education occurs based on facility need and circumstances/events that affect the overall operations of the facility and resident care. Skill checks are completed annually for nurses, nurse aides and medication aides through completion of annual Skills Fairs;</li> <li>-Our facility has identified the following training topics that may be utilized by our staff including managers, nursing, direct care staff, contracted individuals and volunteers consistent with their expected roles. This is not an inclusive list: <ul style="list-style-type: none"> <li>-Communication: effective communications for direct care staff;</li> <li>-Resident's rights and facility responsibilities: staff members are educated on the rights of the resident and the responsibilities of a facility to properly care for its residents;</li> <li>-Abuse, neglect and exploitation: training that, at a minimum, educates staff regarding: <ul style="list-style-type: none"> <li>-Activities which constitute abuse, neglect, exploitation and misappropriation of resident property;</li> <li>-Procedures for reporting incidents of abuse, neglect, exploitation or the misappropriation of resident property; and</li> <li>-Care/management for persons with dementia and resident abuse prevention;</li> </ul> </li> <li>-Infection control: includes the written standards, policies and procedures for the program including hand hygiene and PPE Donning/ Doffing.</li> </ul> </li> </ul> <p>(continued on next page)</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Required in-service training for nurse aides. In-service training must:</p> <ul style="list-style-type: none"> <li>-Be sufficient to ensure the continuing competence of nurse aides but must be no less than 12 hours per year;</li> <li>-Include dementia management training and resident abuse prevention training;</li> <li>-Address areas of weakness as determined in nurse aides' performance reviews and facility assessment and may address the special needs of residents as determined by the facility staff; and</li> <li>-For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.</li> <li>-Identification of Resident change in condition: Includes how to identify medical issues appropriately, how to determine if symptoms represent problems in need of intervention, how to identify when medical interventions are having negative outcomes rather than improving overall well-being and quality of life;</li> <li>-Cultural competency: includes ability to effectively deliver healthcare services that meet the social, cultural, and linguistic needs of residents including resident-centered care;</li> <li>-Quality Assurance Performance Improvement (QAPI) Process;</li> <li>-Emergency preparedness;</li> <li>-Wound/pressure injury prevention; Skin Management Program;</li> <li>-Fall Management Prevention Program;</li> <li>-Elopement Management Program;</li> <li>-Behavioral health, i.e., substance use disorder, de-escalation techniques;</li> <li>-Compliance and ethics;</li> <li>-Our facility has identified the following competencies that may be utilized by our staff. This is not an all-inclusive list: <ul style="list-style-type: none"> <li>-Person-centered care: includes, but is not limited to, person-centered care planning, education to resident and family/resident representative about treatments and medications, documentation of resident treatment preferences, end-of-life care and advance care planning;</li> <li>-Activities of daily living (bathing, bed-making, transfers, etc.);</li> <li>-Disaster planning and procedures includes emerging infections, active shooter, elopement, fire, flood, power outage and weather;</li> </ul> </li> </ul> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER  Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Infection control: includes hand hygiene, isolation, standard universal precautions including use of personal protective equipment, multidrug resistant organisms (MDROs) precautions and environmental cleaning;</p> <p>-Medication administration: includes injectable, oral, subcutaneous, topical, intravenous via peripheral, PICC, and/ or Central lines;</p> <p>-Resident assessment and examinations include the admission assessment, skin assessment, pressure injury assessment, neurological check, lung sounds, nutritional check, observations of response to treatment and pain assessment;</p> <p>-Caring for persons with Alzheimer's or other dementia;</p> <p>-Specialized care: includes catheterization insertion/care, colostomy care, diabetic blood glucose testing, oxygen administration, nebulizer treatments, suctioning, pre-op and post op care, trach care/suctioning, bipap/ cpap, ostomies, enteral/ parenteral nutrition, wound care/dressings, dialysis care, and IV placement, use and care;</p> <p>-Emergency care: CPR/ Heimlich Maneuver;</p> <p>-Behavioral health: includes caring for residents with mental and psychosocial disorders and residents with a history of trauma and/or post-traumatic stress disorder and implementing nonpharmacological interventions;</p> <p>-Resident safety;</p> <p>-Pressure injury prevention;</p> <p>-Abuse, Neglect, and Exploitation prevention and reporting;</p> <p>-Handling and oxygen safety;</p> <p>-Staff are trained in policies and procedures, consistent with their roles.</p> <p>Review of the facility General Orientation Checklist, undated, showed the following: (Each item listed has a place for the instructor and employee to initial)</p> <p>-Customer Service/Core Values;</p> <p>-Facility Organization Structure;</p> <p>-Residents Rights;</p> <p>-Anti-Harassment;</p> <p>-Open Door Communication &amp; Dispute Resolution Procedure;</p> <p>(continued on next page)</p>

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<ul style="list-style-type: none"> <li>-Code of Conduct &amp; Corporate Compliance Program;</li> <li>-Confidentiality &amp; HIPPA/PHI;</li> <li>-Information Systems &amp; Electronic Devices;</li> <li>-Abuse/Neglect Prevention - Power point;</li> <li>-Grievance Procedure and Form;</li> <li>-Cultural Diversity and Sensitivity - Power point;</li> <li>-Ethical Issues - Power point;</li> <li>-Caring for the Dementia Resident - Power point;</li> <li>-Advanced Directives and Procedure, DNR Form;</li> <li>-Work Orders Policy and Example;</li> <li>-Safety/Hazard Prevention (SDS, Lockout-Tagout, Safety Prevention) - Power point;</li> <li>-Fire Safety Code Red - Power point and Policy;</li> <li>-Emergency Management Preparedness - Power point;</li> <li>-Emergency Management Color Code Chart;</li> <li>-Facility Tour - shut off valves, eye wash stations, Biohazard rooms, Alarm Keypads and Door Codes, etc.;</li> <li>-Location of Laundry Room/Cleaning Supplies/Linen;</li> <li>-Labeling Resident Clothing;</li> <li>-Bringing Down Soiled Linen/clothing;</li> <li>-Location of Kitchen;</li> <li>-Mealtimes and Snacks;</li> <li>-How to Read Resident Diet Card - sample;</li> <li>-Resident Menus, Menu Location Posting and Alternative Choices;</li> <li>-How to Report a Special Request;</li> <li>-Explain What activities Does for Residents;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<ul style="list-style-type: none"> <li>-Review Activity Calendar, where is it located, evening and weekend activities;</li> <li>-How Staff Can Help with Activities;</li> <li>-Resident Council;</li> <li>-What is the MDS;</li> <li>-Care Planning and Point of Care charting;</li> <li>-Infection Prevention - Standard and Transmission Based Precautions and Signage, Handwashing, PPE Usage - Power point;</li> <li>-PPE Donning/Doffing Procedure Handout;</li> <li>-Handwashing Policy and Competency;</li> <li>-Bloodborne Pathogens - Power Point;</li> <li>-Tuberculosis, Power Point;</li> <li>-Age Specific Care - Power point;</li> <li>-Fall &amp; Accident Prevention - Power point;</li> <li>-Pain Management - Power point;</li> <li>-Pressure Ulcer Prevention - Power point;</li> <li>-Seasonal Flu Vaccine Information Sheet/Consent;</li> <li>-Hepatitis B Vaccine Information Sheet/Consent;</li> <li>-COVID 19 Information Sheet/Consent or Declination;</li> <li>-Therapy/Nursing Staff Only;</li> <li>-Gait Belt Transfer training - Procedure;</li> <li>-Hoyer lift training - Power point;</li> <li>-Competency Check Off for transfers;</li> </ul> <p>(continued on next page)</p>

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-I certify that I have attended the General Orientation program for this facility. I acknowledge that I have received verbal and written instruction regarding the facility's policies and guidelines. I recognize that it is my responsibility to read and review the written guidelines provided to me during orientation and to seek clarification from my supervisor, department head, administrator or the human resources department if I have any questions regarding any of the facility policies, procedures, or guidelines.</p> <p>Review of the facility policy, Safe Resident Handling/Transfers, dated [DATE], showed the following:</p> <ul style="list-style-type: none"> <li>-The facility is to ensure that residents are handled and transferred safely to prevent or minimize risks for injury;</li> <li>-All residents require safe handling when transferred to prevent or minimize the risk for injury to themselves;</li> <li>-Staff will be educated on the use of safe handling/transfer practices to include use of mechanical lift devices upon hire, annually and as the need arises or changes in equipment occur;</li> <li>-Staff must demonstrate competency in the use of mechanical lifts prior to use and annually with documentation of that competency placed in their education file.</li> </ul> <p>The facility provided skills fair attendance records dated [DATE] and [DATE].</p> <p>1. Review of CNA O's employee education file showed a hire date of [DATE].</p> <p>CNA O's employee file did not include a general orientation checklist and did not have documentation he/she attended the general orientation to the facility.</p> <p>Review of the facility skills fair attendance list for [DATE] and [DATE], showed they did not include CNA O's signature of attendance.</p> <p>Review of the In-Service record book showed the employee signed he/she attended an in-service on falls on [DATE].</p> <p>CNA O did not sign that he/she attended any other education or training sessions.</p> <p>CNA O's education record did not show a minimum of 12 hours of training, training or competencies identified in the facility assessment, or other policies in the facility.</p> <p>2. Review of CNA Y's employee education file showed a hire date of [DATE].</p> <p>His/Her employee file did not include a general orientation checklist and did not have documentation he/she attended the general orientation to the facility.</p> <p>Review of the In-Service record book showed CNA Y did not sign that he/she attended any other education or training sessions.</p> <p>(continued on next page)</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the facility skills fair attendance list for [DATE] and [DATE] showed it did not include CNA Y's signature of attendance.</p> <p>CNA Y's education record did not show a minimum of 12 hours of training, training or competencies identified in the facility assessment or other policies in the facility.</p> <p>3. Review of CNA AA's employee education file showed a hire date of [DATE].</p> <p>His/Her employee file did not include a general orientation checklist and the employee did not have documentation he/she attended the general orientation to the facility.</p> <p>Review of the In-Service record book showed CNA AA did not sign that he/she attended any other education or training sessions.</p> <p>Review of the facility skills fair attendance list for [DATE] and [DATE] showed it did not include CNA AA's signature of attendance.</p> <p>CNA AA's education record did not show a minimum of 12 hours of training, training or competencies identified in the facility assessment or other policies in the facility.</p> <p>4. Review of CNA BB's employee education file showed his/her hire date of [DATE].</p> <p>His/Her employee file did not include a general orientation checklist and the employee did not have documentation he/she attended the general orientation to the facility.</p> <p>Review of the In-Service record book showed CNA AA did not sign that he/she attended any other education or training sessions.</p> <p>Review of the facility skills fair attendance list for [DATE] and [DATE] showed it did not include CNA BB's signature of attendance.</p> <p>CNA BB's education record did not show a minimum of 12 hours of training, training or competencies identified in the facility assessment or other policies in the facility.</p> <p>5. During an interview on [DATE] at 1:51 P.M., CNA M said the facility did not provide any training on mechanical lifts. Staff learned from each other.</p> <p>During an interview on [DATE] at 3:57 P.M., CNA P said he/she had not received any training on mechanical lifts at the facility.</p> <p>5. During an interview on [DATE] at 11:23 A.M., and [DATE] at 4:51 P.M., the Director of Nursing (DON) said the following:</p> <ul style="list-style-type: none"> <li>-He was responsible for all nursing staff training;</li> <li>-Dementia training was provided at the skills fair, but not all staff attended;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Mechanical lift training was one of the twelve required hours of training for CNAs every year and training was not provided;</p> <p>-He will provide additional trainings between the annual training if there were a lot of new employees or issues;</p> <p>-During all trainings, he will do a hands-on demonstration, then staff will do a return demonstration;</p> <p>-He started as the DON three and one half months ago;</p> <p>-He was responsible to ensure education and training is completed for all staff;</p> <p>-The company has an education calendar that listed two to five areas to provide education on each month;</p> <p>-He does not have individual records to track 12 hours of CNA education;</p> <p>-He does the education for new hires;</p> <p>-There was no education check off that he knew of for new hires;</p> <p>-He reviewed the employee manual and thought Human Resources documented the education so he did not document.</p>

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<p>F 0949</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide behavior health training consistent with the requirements and as determined by a facility assessment.</p> <p>38016</p> <p>Based on interview and record review, the facility failed to ensure that an effective training program was in place for all new and existing staff. The facility identified specific training needs in the facility assessment, the facility did not have documentation or evidence the required training was completed for four employees (Certified Nurse Aide (CNA) O, CNA Y, CNA AA and CNA BB) of nine employee education files (of employees who have been working at the facility for at least one year) reviewed, or a current plan to ensure the training would be completed. The facility census was 54.</p> <p>Review of the Facility Assessment, Staff training/education and competencies section, dated 08/02/24, showed the following:</p> <ul style="list-style-type: none"> <li>-The facility makes a good faith effort to provide staff training/education and the competencies/skill checks necessary to provide the level and types of support and care needed for our resident population;</li> <li>-The facility utilizes the Education/Compliance Calendar to identify needed compliance and disaster education topics (available upon request);</li> <li>-Ad hoc education occurs based on facility need and circumstances/events that affect the overall operations of the facility and resident care. Skill checks are completed annually for nurses, nurse aides and medication aides through completion of annual Skills Fairs;</li> <li>-Our facility has identified the following training topics that may be utilized by our staff including managers, nursing, direct care staff, contracted individuals and volunteers consistent with their expected roles. This is not an inclusive list: <ul style="list-style-type: none"> <li>-Behavioral health, i.e., substance use disorder, de-escalation techniques;</li> <li>-Behavioral health: includes caring for residents with mental and psychosocial disorders and residents with a history of trauma and/or post-traumatic stress disorder and implementing nonpharmacological interventions;</li> <li>-Staff are trained in policies and procedures, consistent with their roles.</li> </ul> </li> </ul> <p>Review of the facility General Orientation Checklist, undated, showed it did not include behavioral health training.</p> <p>1. Review of CNA O's employee education file showed his/her hire date of 08/25/23 (employed by the facility approximately one year). His/Her employee file did not include a general orientation checklist.</p> <p>Review of the In-Service record book showed the employee signed he/she attended an in-service on falls on 08/06/24. CNA O did not sign that he/she attended any other education or training sessions.</p> <p>(continued on next page)</p>		

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<p>F 0949</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the facility skills fair attendance list for 01/11/24 and 07/05/24 (only skills fair checklists provided) did not include CNA O's signature of attendance.</p> <p>CNA O's education record did not include behavioral health training.</p> <p>2. Review of CNA Y's employee education file showed his/her hire date of 08/05/23. His/Her employee file did not include a general orientation checklist.</p> <p>Review of the In-Service record book showed CNA Y did not sign that he/she attended any other education or training sessions.</p> <p>Review of the facility skills fair attendance list for 01/11/24 and 07/05/24 (only skills fair checklists provided) did not include CNA Y's signature of attendance.</p> <p>CNA Y's education record did not include behavioral health training.</p> <p>3. Review of CNA AA's employee education file showed his/her hire date of 09/15/23. His/Her employee file did not include a general orientation checklist.</p> <p>Review of the In-Service record book showed CNA AA did not sign that he/she attended any other education or training sessions.</p> <p>Review of the facility skills fair attendance list for 01/11/24 and 07/05/24 (only skills fair checklists provided) did not include CNA AA's signature of attendance.</p> <p>CNA AA's education record did not include behavioral health training.</p> <p>4. Review of CNA BB's employee education file showed his/her hire date of 08/24/23. His/Her employee file did not include a general orientation checklist.</p> <p>Review of the In-Service record book showed CNA BB did not sign that he/she attended any other education or training sessions.</p> <p>Review of the facility skills fair attendance list for 01/11/24 and 07/05/24 (only skills fair checklists provided) did not include CNA BB's signature of attendance.</p> <p>CNA BB's education record did not include behavioral health training.</p> <p>5. During an interview on 09/11/24 at 4:51 P.M., the Director of Nursing (DON) said the following:</p> <ul style="list-style-type: none"> <li>-He started as the DON three and one half months ago;</li> <li>-He was responsible to ensure education and training was completed for all staff;</li> <li>-He said he had done the training and would send records. (DHSS made multiple requests for records, however, no training records were received as of 9/25/24.)</li> </ul> <p>(continued on next page)</p>		

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<p>F 0949</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<ul style="list-style-type: none"> <li>-The company has an education calendar that listed two to five areas to provide education on each month;</li> <li>-He does not have individual records to track 12 hours of CNA education;</li> <li>-He did the education for new hires;</li> <li>-He was not able to provide any documentation of the education or who he had educated;</li> <li>-There was no education check off that he knew of for new hires;</li> <li>-He reviewed the employee manual and thought Human Resources documented the education so he did not.</li> </ul>