

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265225	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2024
NAME OF PROVIDER OR SUPPLIER St James Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 415 Sidney Street, Saint James, MO 65559	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33477</p> <p>37131</p> <p>Based on observation, interview and record review, facility staff failed to provide a comfortable and homelike environment for residents, when the staff failed to maintain walls, floors, windows, showers and equipment in resident rooms clean and in good repair. Facility staff failed to provide an environment free of pests. The facility census was 48.</p> <ol style="list-style-type: none"> 1. Review of the facility's policy's showed the facility did not provide a policy for staff to report environmental concerns. 2. Observation on 07/14/24 at 10:00 A.M., showed the water station in front of the nurse's station between the memory care unit and 400 hall contained a dried orange/brown spot on the wall behind and above the trash can. 3. Observation on 07/14/24 at 10:01 A.M., showed the shared bathroom in occupied resident rooms [ROOM NUMBERS] contained yellow stained toilet seat with two cracks in the back side at the hinges. Observation showed a bed pan and a dirty toilet riser on the floor on either side of the toilet between the wall. The bathroom walls dirty and contained black and brown smudges. The inside of the door to room [ROOM NUMBER] contained a large area of chipped paint with exposed green paint underneath and black marks along the lower portion of the door. 4. Observation on 07/14/24 at 10:02 A.M., showed occupied resident room [ROOM NUMBER] with multiple areas of the floor peeled up and three pieces of duct tape used to hold the floor together. 5. Observation on 07/14/24 at 11:00 A.M., showed occupied resident room [ROOM NUMBER] had three gouges in the floor next to the bed by the door. The inside of the bedroom door and inside of the bathroom door had chipped paint which exposed green paint underneath. <p>During an interview on 07/14/24 at 11:00 A.M., Resident #35 said he/she had asked someone in administration for the doors to be painted but was told the request wouldn't make it through corporate.</p> <ol style="list-style-type: none"> 6. Observation on 07/14/24 at 2:45 P.M. showed occupied resident room [ROOM NUMBER] contained missing drywall and paint behind the headboard of bed b, and drywall debris hanging from the wall, electric outlet, and on the floor. Observation showed half of the room had not been painted. <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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 07/14/24 at 2:45 P.M., Resident #1 said staff started repainting the room, but did not finish the front half and they only painted around the edges. The resident said it looks bad, and he/she is not happy that it has been over two months since it was initially started. The resident said the maintenance guy quit and no one had finished the room.</p> <p>7. Observation on 07/15/24 at 8:23 A.M., showed occupied resident room [ROOM NUMBER]'s air conditioning (AC) unit without a cover and the AC line exposed. Observation showed the toilet seat had chipped paint. Observation showed the sanitizer pump was broken, with the front of the pump open and hanging down, with two pieces of tape used to hold it closed.</p> <p>8. Observation on 07/15/24 at 9:24 A.M., showed occupied resident room [ROOM NUMBER] with trim peeled off the wall in front of the cabinet by the window. The inside of the bathroom door and the resident room door had paint gone and gouges and black marks along the bottom.</p> <p>9. Observation on 07/15/24 at 9:38 A.M., showed occupied resident room [ROOM NUMBER]'s bathroom door had chipped paint. Both interior doors and door frames had scratches and paint was gone.</p> <p>10. Observation on 07/15/24 at 9:47 A.M., showed occupied resident room [ROOM NUMBER]'s shower with duct tape on the tiles and over the shower handles.</p> <p>11. Observations on 07/17/24 during the facility tour, showed:</p> <p>-Sections of missing paint and drywall on the walls by the beds in resident rooms 303, 304, 309, 406 and in the 300 hall conference room;</p> <p>-The cove base (a trim piece used in the transition space between a wall and floor) peeled away from the walls by the windows in resident rooms 308, 404, 506, and 509 and away from the walls in the activity room;</p> <p>-A hole in the 400 shower wall and an unidentifiable black speckled substance lined the area between the shower wall and floor.</p> <p>During an interview on 07/17/24 at 2:30 P.M., the maintenance director said he/she is responsible for maintenance of the facility's physical environment. The maintenance director said when he/she became the maintenance director in April 2024, the facility did not have a maintenance director for a period of time and there was a backlog of multiple things that needed repaired or replaced. The maintenance director said if there is something that needs repaired or replaced, staff are supposed to fill out a work order and give it to him/her so that he/she knows about the issues. The maintenance director said he/she had not received any work orders for the paint gouges, peeling cove base or 400 hall shower room and did not know about those issues.</p> <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>During an interview on 07/17/24 at 2:45 P.M., the administrator said the facility did not have a written policy for facility maintenance, but staff are expected to comply with state and federal guidelines. The administrator said prior to his/her employment, the facility did not have a maintenance director for a period of time and they found that the former maintenance director had not been fulfilling his/her job duties so there were a lot of things that needed attention. The administrator said if there is something that needs repaired or replaced, staff are supposed to fill out a work order and give it to maintenance director so that he/she knows about the issues and can prioritize his/her work.</p> <p>During an interview on 07/22/24 at 3:28 P.M., Certified Nurse Aide (CNA) U said staff fill out a work order for maintenance to fix issues. The CNA said he/she had noticed some missing paint on doors and room walls and did not report it because he/she figured maintenance already knew about it. The CNA said he/she never noticed any issues with the floors and has not noticed duct tape on floors of the rooms. The CNA said he/she has not noticed damage to toilet seats or paint.</p> <p>During an interview on 07/22/24 at 3:35 P.M., the Minimum Data Set (MDS) Coordinator said staff have a form to fill out and put in the maintenance door box and maintenance checks the box every day he/she is here. The MDS Coordinator said staff have not brought missing paint on the doors and walls to his/her attention and no one has told him/her of any damage on the residents' walls. The MDS Coordinator said staff have not told him/her about missing paint on toilet seats. The MDS Coordinator said he/she does recall seeing duct tape on the floor and he/she did not report it to maintenance.</p> <p>During an interview on 07/22/24 at 3:41 P.M., the Administrator said he/she expects staff to put work orders in with maintenance and maintenance to prioritize the issues based on severity and safety concern. The administrator said he/she is aware of the missing paint on the resident doors, but has not had the time to go in all of the rooms. The administrator said staff has not reported any issues with toilet seats.</p> <p>During an interview on 07/22/24 at 3:49 P.M., the Maintenance Director said staff should fill out a work order and put it in a box on the maintenance door. There has been no work orders in regard to paint on the doors or walls. The maintenance director said he/she has noticed the scratched paint on doors and walls of resident rooms. There has been no work orders in regard to pain on the toilet seats, but he/she does get a lot of work orders about broken toilet seats. He/She has not seen and is not aware of duct tape on the floor of resident rooms and staff has not reported it.</p> <p>12. Observations on 07/17/24 during the facility tour showed the windows in resident rooms 101, 102, 103, 105, 106, 107, 109, 202, 203, 205, 208, 210, 403, 404, 405, 407, 408, 409, 410, 501, 502, 503, 504, 506, 507, 508, 509 sealed and did not open.</p> <p>During an interview on 07/17/24 at 10:10 A.M., the resident who occupied room [ROOM NUMBER] said his/her window did not open and he/she would like to be able to open it.</p> <p>During an interview on 07/17/24 at 10:50 A.M., the resident who occupied room [ROOM NUMBER] said his/her window did not open and he/she would like to be able to open it.</p> <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>During an interview on 07/17/24 at the maintenance director said he/she knew the windows in the resident rooms did not open and when he/she questioned facility management about the windows, the management told him/her that they were sealed closed during the pandemic and were okay to remain that way.</p> <p>During an interview on 07/17/24 at 2:45 P.M., the administrator said the facility did not have a written policy for the maintenance of windows, but staff are expected to comply with state and federal guidelines. The administrator said the maintenance director is responsible to inspect the window monthly and make repairs as needed. The administrator said the windows in resident rooms should open and he/she did not know that they were sealed shut.</p> <p>13. Observation on 07/14/24 at 10:00 A.M., showed Resident #12 in bed with several flies around the room and on the resident.</p> <p>Observation on 07/14/24 at 12:40 P.M., showed the resident sat on the side of his/her bed as he/she ate. Five flies flew around the resident and landed on the resident's food. The resident swatted at the flies on his/her food.</p> <p>Observation on 07/15/24 at 10:24 A.M., showed three flies on the resident as he/she laid in his/her bed.</p> <p>During an interview on 07/15/24 at 10:33 A.M., the resident said he/she complained about the flies several months ago and staff did not do anything about it.</p> <p>Observation on 07/15/24 at 10:45 A.M., showed six flies sat around the resident's feet, and one dead fly on the bed sheet beside the resident's feet.</p> <p>Observation on 07/16/24 at 8:34 A.M., showed two flies on the door frame at the entrance to the resident's room. Multiple flies flew around the resident's room and landed on the resident's breakfast, which sat on the bedside table.</p> <p>14. Observation on 07/14/24 at 10:06 A.M., showed Resident #36 not in his/her room. Observation showed the sheet contained a large brown stain on the sheet. Flies were observed crawling around on the stains on the sheet and flew around the room.</p> <p>15. Observation on 07/14/24 at 12:10 P.M., showed Resident #26 sat in a chair in a community area of the facility. Multiple flies landed on the resident's arms and legs. The resident slapped at the flies as they landed on him/her.</p> <p>Observation on 07/15/24 at 9:38 A.M., showed the resident entered his/her room and flies landed on the resident.</p> <p>During an interview on 07/15/24 at 9:40 A.M., the resident said he/she doesn't notice the flies.</p> <p>16. Observation on 07/14/24 at 12:34 P.M., showed Resident #30 sat in a recliner in his/her room. The resident had a bedside table in front of him/her, with his/her lunch on it and a fly swatter. The resident swatted at flies that landed on his/her food.</p> <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>During an interview on 07/14/24 at 12:23 P.M., the resident said he/she has a problem with all the flies.</p> <p>Observation on 07/15/24 at 10:08 A.M., showed the resident swatted at flies in his/her room with a fly swatter.</p> <p>During an interview 07/15/24 at 10:08 A.M., the resident said he/she has to swat at the flies with the fly swatter to keep them off of his.her food. They're terrible.</p> <p>17. Observation on 07/15/24 at 9:47 A.M., showed Resident #8 laid on his/her bed in his/her room. Three flies flew around the room.</p> <p>During an interview on 07/15/24 at 9:47 A.M., the resident said he/she notices the flies, and they bother him/her.</p> <p>18. Observation on 07/15/24 at 3:25 P.M., showed Resident #2 in his/her bed. Flies flew around the room and landed on the resident.</p> <p>During an interview on 07/22/24 at 3:28 P.M., CNA U said he/she has noticed the flies in the facility and resident rooms and brought it to maintenance and the administrators attention. The CNA said maintenance said they had to call somebody to get it treated. The CNA said he/she is not aware of anyone coming in to treat for flies. The CNA said he/she is still seeing flies in the facility.</p> <p>During an interview on 07/22/24 at 3:35 P.M., the MDS Coordinator said he/she did notice residents with more odors had flies in their rooms. The MDS Coordinator said he/she reported the flies to maintenance and is not sure what maintenance did about the flies.</p> <p>During an interview on 07/22/24 at 3:41 P.M., the administrator said no one has reported an issue with flies. The administrator said he/she has seen the flies around the offices, but has not really been in rooms to witness it himself/herself. The administrator said he/she is sure if the flies are in building, the flies are in the rooms. The administrator said he/she has contacted pest control about the flies and the pest control company said there is nothing they can do.</p> <p>During an interview on 07/22/24 at 3:49 P.M., the Maintenance Director said he/she has not had any reports of flies in resident rooms or hallways. He/She has seen flies in the halls but not in resident rooms.</p> <p>45489</p> <p>50361</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37131</p> <p>Based on interview and record review, facility staff failed to provide written information to the resident and/or the resident's representative of the bed hold policy prior to transfer for four (Residents #2, #8, #19 and #41) of 23 sampled residents. The facility census was 48.</p> <p>1. Review of the facilities policy titled Discharge/Transfer of Resident, undated, showed:</p> <p>-The purpose is to provide safe departure from the facility and to provide sufficient information for aftercare of the resident;</p> <p>-Explain and give copy of bed hold form to the resident and/or representative.</p> <p>2. Review of Resident #2's medical record showed staff documented the resident had been transferred to the hospital on 05/09/24 and returned to the facility on [DATE]. The resident's medical record did not contain documentation which showed staff notified the resident and/or the representative of the facility's bed hold policy at time of the resident's transfer.</p> <p>3. Review of Resident #8's medical record showed staff documented the resident had been transferred to the hospital on 03/23/24 and returned to the facility on [DATE], transferred to the hospital again on 04/17/24 and returned to the facility on [DATE]. The resident's medical record did not contain documentation which showed staff notified the resident and/or the representative of the facility's bed hold policy at time of the resident's transfer.</p> <p>4. Review of Resident #19's medical record showed staff documented the resident had been transferred to the hospital on 04/10/2024 and returned on 04/13/2024, transferred on 05/3/2024 and returned on 05/3/2024, transferred on 06/23/2024 and returned on 06/23/2024, and transferred on 06/24/2024 and returned on 06/27/2024. The residents medical record did not contain documentation staff notified the resident and/or representative of the facilities bed hold policy at the time of either transfer.</p> <p>5. Review of Resident #41's medical record showed staff documented the resident had been transferred to the hospital on 01/04/24 and returned to the facility on [DATE]. The resident's medical record did not contain documentation which showed staff notified the resident and/or the representative of the facility's bed hold policy at time of the resident's transfer.</p> <p>6. During an interview on 07/16/224 at 2:20 P.M., the business office manger (BOM) said the nursing staff is responsible for providing bed hold information upon resident transfer. The BOM said there is a bed hold policy in the admission packet, but he/she does not do anything further with bed holds.</p> <p>During an interview on 07/16/24 at 3:30 P.M., the Director of Nursing (DON) said he/she took over the position in late February and prior to this staff were unaware of what a bed hold was. The DON said the nurses are responsible for providing the bed holds and having the residents sign before transfer. The DON said social services may have some of the bed holds.</p> <p>(continued on next page)</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 07/16/24 at 3:43 P.M., the activities director (AD) and former social services director said he/she does not have the signed bed holds.</p> <p>During an interview on 07/16/24 at 4:20 P.M., the administrator said he/she had been uploading the bed holds to the facility's software program. The administrator said the nursing staff had not been giving him/her bed holds, probably because they haven't been providing the beds holds to the residents on transfer.</p> <p>45489</p> <p>[NAME], [NAME]</p>		

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<p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37131</p> <p>Based on interview and record review, facility staff failed to complete a Significant change in Status Assessment (SCSA) Minimum Data Set (MDS), a federally mandated assessment tool, for three residents (Resident #2, #8 and #41) out of 23 sampled residents. The facility census was 48.</p> <p>1. Review of the Resident Assessment Instrument (RAI) Manual, dated 10/1/23, shows a significant change is a major decline or improvement in a resident's status that:</p> <ul style="list-style-type: none"> -Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, the decline is not considered self-limiting; -Impacts more than one area of the resident's health status; -Requires interdisciplinary review and/or revision of the care plan. <p>2. Review of Resident #2's SCSA MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Independent with eating, oral hygiene and bed mobility; -Required setup assistance from staff for toilet hygiene, dressing, personal hygiene and transfers; -Required supervision from staff for bathing; -Did not fall; -Did not have ulcers or wounds. <p>Review of the resident's Quarterly MDS, dated [DATE], showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Required setup assistance from staff for eating; -Required maximal assistance from staff for oral hygiene, dressing, personal hygiene, bed mobility and transfers; -Dependent on staff for toilet hygiene and bathing; -Fall with injury; -Open lesion on foot. <p>Review showed facility staff did not complete a SCSA for a decline in two or more areas of function.</p> <p>3. Review of Resident #8's Admission MDS, dated [DATE], showed staff assessed the resident as:</p> <p>(continued on next page)</p>

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<p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Moderate cognitive impairment;</p> <p>-Rejected care one to three days out of the seven day look back period (period of time used to complete the assessment);</p> <p>-Required set up assistance from staff for eating and oral hygiene;</p> <p>-Required maximal assistance from staff for dressing, personal hygiene, transfers and to propel wheelchair 150 feet;</p> <p>-Required moderate assistance from staff for bed mobility;</p> <p>-Weighed 254 pounds;</p> <p>-Had one stage 2 pressure injury and one unstageable pressure injury;</p> <p>-Did not have a diagnosis of Depression;</p> <p>-Did not receive an antidepressant.</p> <p>Review of Resident #8's Quarterly MDS, dated [DATE], showed staff assessed the resident as follows:</p> <p>-Severe cognitive impairment;</p> <p>-Rejected care four to six out of seven days during the look back period;</p> <p>-Independent with oral hygiene, transfers, bed mobility and to propel wheelchair 150 feet;</p> <p>-Required setup assistance only from staff for dressing and personal hygiene;</p> <p>-Weighed 228 pounds, a significant weight loss;</p> <p>-Two stage 2 pressure injuries;</p> <p>-New diagnosis of Depression;</p> <p>-Received antidepressant medication seven of the seven days in the look back period.</p> <p>Review showed facility staff did not complete a SCSA for multiple declines and improvements in two or more areas of function.</p> <p>4. Review of Resident #41's SCSA, dated 02/28/24, showed staff assessed the resident as follows:</p> <p>-Had verbal behaviors directed towards others one to three days during the seven day look back period;</p> <p>-Had other behaviors not directed at others one to three days during the seven day look back period;</p> <p>(continued on next page)</p>		

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<p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Wandered four to six days during the seven day look back period;</p> <p>-Required supervision from staff for eating;</p> <p>-Required moderate assistance from staff for oral hygiene;</p> <p>-Required maximal assistance from staff for toilet hygiene, bathing, dressing, personal, hygiene, bed mobility and transfers;</p> <p>-Frequently incontinent of bowel and bladder;</p> <p>-Did not fall;</p> <p>-Weighed 130 pounds.</p> <p>Review of the resident's quarterly MDS, dated ,d+[DATE] 24, showed staff assessed the resident as follows:</p> <p>-Did not exhibit behaviors;</p> <p>-Did not wander;</p> <p>-Required maximal assistance from staff for eating;</p> <p>-Dependent on staff for oral hygiene, toilet hygiene, bathing, dressing, personal hygiene, bed mobility and transfers;</p> <p>-Always incontinent of bowel and bladder;</p> <p>-Two or more non-injury falls;</p> <p>-Weighed 118, a significant weight loss.</p> <p>Review showed facility staff did not complete a SCSA for multiple declines and improvements in two or more areas of function.</p> <p>5. During an interview on 07/17/24 at 1:34 P.M. the MDS Coordinator said he/she is responsible for completing all significant change MDS assessments, and a significant change should be completed if a resident is admitted to hospice care. The MDS coordinator said he/she does not know what the RAI manual says about significant changes and when a significant change assessment is required. The MDS coordinator said he/she works the floor as a charge nurse at times, and resident #2, #8, and #41 had a significant change in status, but he/she did not know an assessment should be completed. The MDS coordinator said he/she has signed up for MDS training.</p> <p>During an interview on 07/17/24 at 2:45 P.M., the Director of Nursing (DON) said he/she does not know how many areas of care have to change, to trigger a significant change MDS.</p>		

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NAME OF PROVIDER OR SUPPLIER St James Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 415 Sidney Street, Saint James, MO 65559	
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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37131</p> <p>Based on observation, interview, and record review, facility staff failed to document a complete and accurate Minimum Data Set (MDS), a federally mandated assessment tool, when staff did not accurately code weight loss for one resident (Resident #8), restraints for one resident (Resident #34), and anticoagulant and hypnotic medication use for one resident (Resident #16) out of 23 sampled residents. The facility census was 48.</p> <p>1. Review of the facility's policy titled, MDS and Care Planning Guidelines, dated 10/01/2015, showed it is the policy of the facility to use the most current Centers for Medicare and Medicaid (CMS) MDS Resident Assessment Instrument (RAI) manual, any published interim RAI manual errata documents, and applicable federal guidelines as the authoritative guide for completion of MDS, Care Area Assessments (CAAs), and resident care planning.</p> <p>2. Review of Resident #8's Admission MDS, dated [DATE], showed staff assessed the resident weight as 254 pounds.</p> <p>Review of the resident's Quarterly MDS, dated [DATE], showed staff assessed the resident weight as 228 pounds. Staff did not document this weight loss as significant.</p> <p>During an interview on 07/17/24 at 1:34 P.M., the MDS Coordinator said if a resident has a significant weight loss, it should be coded on the MDS. The MDS Coordinator said the resident had a significant weight loss and he/she must have overlooked it.</p> <p>During an interview on 07/17/24 at 2:45 P.M., the Director of Nursing (DON) said the resident should have a significant weight loss on his/her MDS. The DON said the MDS Coordinator is responsible to add the information to the MDS an ensure it is accurate.</p> <p>3. Review of Resident #34's Quarterly MDS, dated [DATE], showed staff assessed the resident as follows:</p> <p>-Severely cognitively impaired;</p> <p>-Limb restraints used less than daily.</p> <p>Review of the resident's medical record showed medical record did not contain an order for restraint use.</p> <p>Observation on 7/14/24 at 12:10 P.M. showed the resident did not have limb restraints.</p> <p>Observation on 7/15/24 at 1:24 P.M. showed resident did not have limb restraints.</p> <p>Observation on 7/16/24 at 3:13 P.M. showed the resident did not have limb restraints.</p> <p>During an interview on 07/16/24 at 4:38 P.M., Certified Medication Technician (CMT) N said he/she was not aware of restraints ever being used on the resident.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 07/16/24 at 4:40 P.M., Certified Nurse Aide (CNA) O said he/she has worked at the facility for over a year and has never seen the resident use restraints, and has never seen a limb restraint on the resident.</p> <p>During an interview on 07/16/24 at 4:45 P.M., the MDS Coordinator said the resident has never had restraints and does not use them.</p> <p>During an interview on 07/17/24 at 1:34 P.M., the MDS Coordinator said he/she coded restraints for the resident due to bed rail use, and it was done in error. The MDS Coordinator said he/she has been in this position since November 2023 and was not fully trained, but is signed up for training in August 2024.</p> <p>During an interview on 07/17/24 at 2:45 P.M., the Director of Nursing (DON) said the resident does not use restraints and it should not be on the MDS.</p> <p>4. Review of Resident #16's MDS, 05/28/24, showed staff assessed the resident received hypnotic (a medication used to induce or prolong sleep) and an anticoagulant (a medication used to thin the blood).</p> <p>Review of residents medical record showed the medical record did not contain an order for hypnotic or anticoagulant medication.</p> <p>During an interview on 07/17/24 at 2:00 P.M., MDS coordinator says he/she coded the resident as taking a hypnotic due to the use of amitriptyline, and he/she is unaware that it is not a hypnotic medication. The MDS coordinator said he/she coded the resident as taking an anticoagulant due to the use of Aspirin, and said he/she is unaware it is not an anticoagulant medication. The MDS Coordinator said he/she is responsible to ensure the MDS is coded correctly.</p> <p>45489</p> <p>50361</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37131</p> <p>Based on observation, interview, and record review, facility staff failed to ensure the comprehensive care plans were updated for oxygen use for two residents (Resident #2, and #41), depression for one resident (Resident #8), behaviors for one resident (Resident #34), wandering for one resident (Resident #36), weight loss for one resident (Resident #41), and for Activities of Daily Living (ADLs) for one resident (Resident #45) out of 23 sampled. The facility census was 48.</p> <p>1. Review of the facility's policy titled, Care Plan Comprehensive, undated, showed staff were directed as follows:</p> <ul style="list-style-type: none"> -An individualized comprehensive care plan that includes measurable goals and time frames will be developed to meet the resident's highest practicable physical, mental, and psychosocial well-being; -The comprehensive care plan will be based on a thorough assessment that includes, but is not limited to, the Minimum Data Set (MDS), a federally mandated assessment tool; -Assessment of each resident is an ongoing process and the care plan will be revised as changes occur in the resident's condition; -The interdisciplinary care plan team is responsible for the periodic review and updating of care plans: -When a significant change in the resident's condition has occurred; -At least quarterly; -When changes occur that impact the resident's care (i.e. change in diet, discontinuation of therapy, changes in care areas that do not require a significant change assessment). <p>2. Review of Resident #2's Quarterly MDS, dated [DATE], showed staff assessed the resident received oxygen.</p> <p>Review of the resident's care plan, dated 06/17/24, showed the care plan did not address the resident's oxygen use.</p> <p>Review of the resident's Physician Order Sheet (POS), dated 07/01/24, showed an order for oxygen two to four Liters Per Minute (LPM) through nasal cannula continuously, to maintain oxygen saturation above 92%, on every shift, with a start date of 05/30/24.</p> <p>Observation on 07/15/24 at 3:27 P.M., showed the resident with his/her oxygen on per nasal nasal cannula.</p> <p>During an interview on 07/17/24 at 1:31 P.M., the MDS Coordinator said oxygen should be care planned. The MDS coordinator said he/she overlooked the oxygen.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 07/17/24 at 2:45 P.M., the Director of Nursing (DON) said if a resident uses oxygen it should be on the care plan.</p> <p>3. Review of Resident #8's Quarterly MDS, dated [DATE], showed staff assessed the resident had a new diagnosis of depression and received antidepressant medication seven out of seven days in the look back period.</p> <p>Review of the resident's care plan, dated 06/27/24, showed the care plan did not contain information related to the resident's diagnoses of depression or antidepressant medication use. Review showed the care plan did not contain symptoms for staff to monitor for or non-pharmacological interventions to use. The care plan did not show the side affects of the antidepressant the staff should monitor the resident for.</p> <p>Review of the resident's POS, dated 07/01/24, showed the physician order for Zoloft (antidepressant medication) 50 milligram (mg) daily for a diagnosis of depression, with a start date of 06/22/24.</p> <p>During an interview on 07/17/24 at 1:34 P.M., the MDS Coordinator said a diagnosis of depression and antidepressant use should be care planned. The MDS coordinator said it was overlooked. The MDS Coordinator said he/she is supposed to revise the care plans quarterly, and he/she sometimes forgets to revise the care plan.</p> <p>During an interview on 07/17/24 at 2:45 P.M., the DON said a diagnosis of depression, and antidepressant use should be care planned, as well as non-pharmacological interventions staff should use. The DON said he/she does not know why it was not done, it is the responsibility of the MDS coordinator to ensure it is updated.</p> <p>4. Review of Resident #34's Quarterly MDS, dated [DATE], showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Severely cognitively impaired; -Had hallucinations and delusions; -Rejected care one to three days out of the seven day look back period; -Verbal behaviors occurred one to three days out of the seven day look back period; -Diagnosis of major depressive disorder. <p>Review of resident's care plan, dated 04/24/24, showed the care plan did not address the resident's physical and verbal behavioral care needs with appropriate interventions.</p> <p>Review of the resident's nurses notes showed staff documented the resident had aggressive physical and verbal behaviors toward staff on 07/13/24, 07/08/24, 06/10/24, 5/29/24, 5/23/24, and 5/23/24.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 07/17/24 at 1:34 P.M., the MDS Coordinator said he/she is aware of the resident's aggressive behaviors and the behaviors should have been care planned but he/she overlooked it. The MDS Coordinator said he/she is supposed to revise the care plans quarterly, and he/she sometimes forgets to revise the care plan.</p> <p>During an interview on 07/17/24 at 2:45 P.M., the Director of Nursing (DON) said the resident's aggressive behaviors should be on the care plan, and the care plans should be reviewed with significant changes, changes in care, and based on triggers for the annual and quarterly assessments. The DON said he/she does not know why it was not done.</p> <p>5. Review of Resident #36's Quarterly MDS, dated [DATE], showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Cognitive assessment unable to be completed; -Rarely/never understood; -Wanders daily; -Diagnoses of non-traumatic brain dysfunction, cerebral palsy (a group of conditions that affect movement and posture), seizures, anxiety, and depression. <p>Review of the resident's Elopement Assessment, dated 07/02/24, showed the resident scored at high risk for elopement/wandering. The interventions listed are frequent monitoring and care plan.</p> <p>Review of the resident's care plan, dated 07/10/24, did not address the resident's wandering or elopement risks.</p> <p>Observation on 07/14/24 at 11:50 A.M. showed the resident wandered near the dining rooms and front entrance area.</p> <p>Observation on 07/15/24 at 8:40 A.M. showed the resident wandered near the dining rooms and front entrance area.</p> <p>Observation on 07/16/24 at 9:20 A.M. showed the resident wandered near the dining rooms and front entrance area.</p> <p>Observation on 07/17/24 at 10:40 A.M. showed the resident wandered near the dining rooms and front entrance area.</p> <p>During an interview on 07/17/24 at 1:34 P.M., the MDS Coordinator said he/she is aware of the resident's wandering and thought that he/she had it care planned. He/She said wandering should be care planned. The MDS Coordinator said he/she is supposed to revise the care plans quarterly, and he/she sometimes forgets to revise the care plan.</p> <p>During an interview on 07/17/24 at 2:45 P.M., the DON said the resident's wandering should be on the care plan and care plans should be reviewed with a significant change, change in care, and based on triggers for the annual and quarterly assessments.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>6. Review of the Resident #41's quarterly MDS, dated ,d+[DATE] 24, showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -Required maximal assistance from staff for eating; -Dependent on staff for oral hygiene, toilet hygiene, bathing, dressing, personal hygiene, bed mobility and transfers; -Always incontinent of bowel and bladder; -Two or more non-injury falls; -Significant weight loss; -Did not require oxygen. <p>Review of the resident's care plan, dated 05/22/24, showed it did not contain the resident's significant weight loss, interventions put in place for the weight loss, use of mechanical lift or the resident's oxygen use.</p> <p>Review of the resident's POS, dated 07/01/24, showed staff should apply oxygen at two LPM for shortness of breath, with a start date of 05/02/24.</p> <p>Observation on 07/15/24 at 8:34 A.M., showed Certified Nurse Aide (CNA) E and CNA F used a mechanical lift to transfer the resident from his/her chair to his/her bed. The resident did not provide any assistance with the transfer. Observation showed the resident received continuous oxygen.</p> <p>During an interview on 07/17/24 at 1:31 P.M., the MDS Coordinator said oxygen should be on the resident's MDS and it should be care planned. The MDS coordinator said he/she overlooked the oxygen. The MDS Coordinator said weight loss should be care planned. The MDS Coordinator said he/she is supposed to revise care plans quarterly, but sometimes he/she forgets to revise the care plans.</p> <p>During an interview on 07/17/24 at 2:45 P.M., DON said if a resident uses oxygen, it should be on the care plan. The DON said a significant weight loss and interventions should be care planned.</p> <p>7. Review of Resident #45's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Severely cognitively impaired; -Required substantial/maximal assist to shower/bathe self; -Required partial/moderate assist for upper/lower body dressing, and putting on/taking off footwear; - Diagnoses of non-traumatic brain dysfunction, cognitive communication deficit, dementia (a group of thinking and social symptoms that interferes with daily functioning), and anxiety. <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's care plan, dated 07/01/24, showed it did not address the resident's Activities of Daily Living (ADL) needs and assistance levels.</p> <p>Observation on 07/14/24 at 3:20 P.M., showed the resident wore a gray cardigan, dark teal pants, and light blue T-shirt with flowers.</p> <p>Observation on 07/15/24 at 8:25 A.M. showed the resident wore the same gray cardigan, dark teal pants, and light blue T-shirt with flowers.</p> <p>During an interview on 07/17/24 at 1:34 P.M., the MDS Coordinator said the resident's ADL needs and assistance level should be care planned. The MDS Coordinator said he/she is supposed to revise the care plan quarterly, and he/she sometimes forgets to revise the care plan.</p> <p>During an interview on 07/17/24 at 2:45 P.M., the DON said the resident's care plan should have what ADL assistance they need. Care plans should be reviewed with a significant change, change in care, and based on triggers for the annual and quarterly assessments. The care plans should be updated or it would not reflect where the resident is now.</p> <p>45489</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37131</p> <p>Based on observation, record review, and interview, facility staff failed to provide safe hydraulic lift (a mechanical lift used to assist with transferring a resident) transfers for two (Resident #41 and #47) of 23 sampled residents when staff did not ensure the base of the lift was open and stabilized. The facility census was 48.</p> <p>1. Review of the facility policy titled Hydraulic lift, undated, showed,</p> <ul style="list-style-type: none"> -The purpose of the policy is to enable one individual to lift and move a resident safely; -The first step in operating the hydraulic lift is to open lift to the widest point and set the brakes. <p>Review of the facility's hydraulic lift user manual, undated, showed:</p> <ul style="list-style-type: none"> -When using an adjustable base lift, the legs must be in the maximum opened/ locked position before lifting the patient; -During transfer, with resident suspended in a sling attached to the lift, do not roll [NAME] base over uneven surfaces that could cause the patient lift to tip over; -The legs of the lift must be in the maximum open position and the shifter handle locked in place for optimum stability and safety. <p>2. Observation on 07/15/24 at 8:34 A.M., showed Certified Nurse Aide (CNA) E and CNA F entered resident #41's room with the hydraulic lift. CNA E opened the legs to the hydraulic lift, propelled it forward around the resident's wheelchair. CNA E and CNA F connected the resident's sling straps to the hydraulic lift. CNA E lifted the resident from the wheelchair, and as he/she backed the lift up he/she closed the legs of the lift. CNA F backed the resident's wheelchair up and did not guide the resident in the sling when CNA E turned the lift towards the resident's bed. Observation showed the resident swayed side to side while in the hydraulic lift sling. CNA E reached around the lift and grabbed a strap on the resident's sling, and pulled the lift towards the resident's bed which resulted in the resident to sway forwards and backwards. CNA F came around the resident's chair and grabbed the resident's legs to stabilize the resident. CNA E tried to push the legs to the hydraulic lift under the bed where a mat was placed and the resident swayed back and forth in the lift sling several times until CNA E pushed the legs of the lift over the mat. CNA E and CNA F lowered the resident to his/her bed. Staff did not transfer the resident with the base of the lift in the maximum open position.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 07/15/24 at 1:24 P.M., CNA E said staff should go in the resident's room with the mechanical lift, open the legs of the mechanical lift, strap resident in and take resident to bed. The CNA said staff should close the legs on the mechanical lift, when the resident is in air, or staff could trip over the legs of the mechanical lift and get hurt. CNA E said the resident rocked in the mechanical lift, because the resident was slanted in the sling. He/She grabbed the resident to try and prevent the resident from falling out of the sling. CNA E said he/she should have pulled the mat out from under the bed, but he/she forgot it was under there and the mechanical lift got stuck on the mat. CNA E said he/she did not know the lift legs should be kept open to help with balance. The CNA said he/she had never been trained to keep the legs of the mechanical lift open during transfers.</p> <p>3. Observation on 07/15/24 at 1:28 P.M., showed CNA E and CNA F entered resident #47's room to provide care. CNA E and CNA F opened the base of the hydraulic lift and moved it in front of the resident. The CNA's attached the sling to the lift, CNA E lifted the resident, pulled the lift away from the chair and closed the legs of the lift. CNA E moved the lift over the resident's bed and lowered the resident in to his/her bed. Staff provided care and raised the resident in the hydraulic lift with the base of the lift closed and the resident held on to the cross bar of the lift. CNA opened the legs of the lift to position the resident over his/her wheelchair. Staff did not transfer the resident with the base of the lift in the maximum open position, and did not ensure the resident did not touch the lift when in use.</p> <p>During an interview on 07/15/24 at 1:36 P.M., CNA E said the legs of the lift are only to be opened when it is needed to get around furniture, such as a chair. The CNA said staff should close the legs of the lift all the way when the resident is in the air to prevent a tripping hazard for staff during the transfer.</p> <p>During an interview on 07/15/24 at 1:37 P.M., CNA F said the legs of the lift are to stay open while transporting the resident in the lift.</p> <p>4. During an interview on 07/17/24 at 9:48 A.M., Minimum Data Set (MDS) coordinator said the legs of the lift should be open during the entire transfer to keep the lift stable.</p> <p>During an interview on 07/17/24 at 10:04 A.M., the Director of Nursing (DON) said during a hydraulic lift transfer he/she would expect staff to have the legs of the lift open. The DON said this is to create a wide base and spread out the gravity of the resident so they do not tip.</p> <p>50361</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>45489</p> <p>Based on interview and record review, facility staff failed to provide the services of a Registered Nurse (RN), for at least eight consecutive hours per day, seven days a week. The facility census was 48.</p> <p>1. Review of the facility's policies showed the facility did not provide a policy for RN coverage.</p> <p>Review of the Payroll Based Journal (PBJ), a method to collect auditable and verifiable staffing data from nursing facilities, report for Fiscal Year 2024, Quarter 2 (January 1 through March 31) showed triggers for no RN hours for 01/22/24, 02/10/24, 02/11/24, 03/03/24, 03/16/24, 03/17/24, and 03/24/24.</p> <p>2. Review of the facility's payroll staff hours, dated January 2024, showed the facility did not have an RN in the building for eight consecutive hours on 01/09/24 and 01/14/24.</p> <p>3. Review of the facility's payroll staff hours, dated February 2024, showed the facility did not have an RN in the building for eight consecutive hours on:</p> <p>-Saturday 02/10/24;</p> <p>-Sunday 02/11/24;</p> <p>-Sunday 02/18/24;</p> <p>-Sunday 02/25/24.</p> <p>4. Review of the facility's payroll staff hours, dated March 2024, showed the facility did not have an RN in the building for eight consecutive hours on:</p> <p>-Friday 03/01/24</p> <p>-Sunday 03/03/24;</p> <p>-Saturday 03/09/24</p> <p>-Saturday 03/16/24;</p> <p>-Sunday 03/17/24;</p> <p>-Sunday 03/24/24.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER St James Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 415 Sidney Street, Saint James, MO 65559	
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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. During an interview on 07/17/24 at 2:14 P.M., the Director of Nursing (DON) said there should be an RN daily for 8 hours. The DON said he/she started in February as DON, and until the end of February and part of March he/she had one RN on nights, but then he/she was the only RN. The DON said they are offering sign on bonuses, going to job fairs and sending out postcards for recruiting. The DON said the facility does not use agency nursing staff, they do have two RN's who work for corporate that will try to help when needed. The DON said he/she did not know there were days of no RN coverage during that time, and took over the DON position in mid-February, and had been working doubles on the weekend. The DON said if there was not an RN, he/she would be the one to come in if needed for changing a Peripherally Inserted Central Catheter ((PICC), a long flexible tube that's inserted into a vein in the upper arm and threaded into a large vein near the heart, line dressing or intravenous infusions).</p> <p>During an interview on 07/17/24 at 2:29 P.M., the administrator said he/she started May 1st and did not know of the missing coverage for that quarter. The facility struggles to get RN's hired and we are doing a job fair tomorrow. The administrator said the facility would not be able to meet the residents care needs if they did not have an RN.</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>45489</p> <p>Post nurse staffing information every day.</p> <p>Based on observation, interview, and record review, facility staff failed to post the required nurse staffing information, which included the total number of staff and the actual hours worked, by both licensed and unlicensed nursing staff directly responsible for resident care, per shift, and on a daily basis. The facility staff also failed to keep the required daily staffing records for eighteen months. The facility census was 48.</p> <p>1. Review of the facility's policies showed the facility did not have a policy for Daily Nurse staff posting.</p> <p>Review of the facility's records showed the facility did not retain completed nurse staff posting for 4/13/23 through 4/16/23, 6/1/23 through 6/14/23, 6/17/23, 6/18/23, 7/5/23 through 7/16/23. Review showed nurse staff form not available for 4/1/23, 6/12/23, 6/30/23, 11/10/23 through 12/31/23.</p> <p>Review of the facility's records showed the facility did not retain completed nurse staff posting 1/13/24, 1/14/24, 1/21/24, 2/2/24, 2/4/24, 2/13/24, 2/24/24, 4/13/24, 5/25/24; 6/13/24, and 7/8/24. Review showed nurse staff form not available 01/22/24 through 1/31/24 and 5/22/24.</p> <p>During an interview on 07/17/24 at 2:39 P.M, the DON said the daily nurse staff posting should be kept for a couple of years.</p> <p>During an interview on 07/17/24 at 2:39 P.M., the administrator said he/she did not know the appropriate amount of time keep the nurse staff posting.</p> <p>Observation on 07/14/24 at 11:46 A.M. showed the daily nurse staff post, dated 07/11/24, did not contain the current daily nurse staff posting until 3:17 P.M.</p> <p>Observation on 07/15/24 at 8:22 A.M. showed the nurse staff post did not contain the required day shift nurse staffing information.</p> <p>Observation on 07/16/24 at 8:17 A.M. showed the daily nurse staff post did not include evening and night shift staff and hours, and did not contain Certified Nurse Aide (CNA) hours for the day shift.</p> <p>Observation on 07/17/24 at 8:37 A.M. showed the nurse staff post did not contain the required day shift nurse staffing information.</p> <p>During an interview on 07/17/24 at 2:39 P.M., the Director of Nursing (DON) said the day shift charge nurse should be posting the nurse staff posting every morning. The DON said he/she pulls it to make sure it is correct, and the Assistant Director of Nursing (ADON) was the one in charge, but he/she took it over when the ADON quit a month ago. The DON said he/she started as DON mid-February, and has been busy trying to get everything else done and did not know they were not accurate or being saved.</p> <p>(continued on next page)</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 07/17/24 at 2:39 P.M., the administrator said he/she did not know the daily nurse staff postings were not being completed correctly. He/She has only been administrator here for two months and he/she is working to get processes fixed and in place.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37131</p> <p>Based on observation, interview, and record review, facility staff failed to use appropriate infection control procedures to prevent the spread of bacteria or other infectious causing contaminants during perineal care, when staff failed to use Enhanced Barrier Precautions ((EBP), an infection control method that involves wearing gowns and gloves during high-contact resident care activities) for one resident (Resident #19) and perform appropriate hand hygiene, and glove changes during care for two residents (Resident #35 and #47) of 23 sampled residents. Staff failed to ensure the first step of the two-step purified protein derivative (PPD) (skin test for Tuberculosis (TB)) was administered and read prior to the hire date, in accordance with their policy for seven employees (Certified nursing assistant (CNA) P, Dietary Aide (DA) Q, Certified Medication Technician (CMT) J, Maintenance Director, Laundry Aide S, Director of Nursing (DON), and Housekeeper V). The facility census was 48.</p> <p>1. Review of the facility policy titled, Enhanced Barrier Precautions to Infection Control Guidance, dated March 2024, showed;</p> <p>-The purpose is to prevent broader transmission of Multidrug Resistant Organisms (MDRO), and to help protect patients with chronic wounds and indwelling devices;</p> <p>-EBP should be implemented for the period of their stay or until wounds have resolved or indwelling medical devices have been removed;</p> <p>-Residents with an indwelling medical device, including urinary catheter, should be on EBP;</p> <p>-EBP should be used with high-contact resident care activities such as providing hygiene and caring for or using an indwelling medical device.</p> <p>-Required equipment is gown and gloves to be donned prior to care</p> <p>2. Review of Resident #19's Quarterly Minimum Data Set (MDS), dated [DATE], showed staff assessed the resident had an indwelling urinary catheter.</p> <p>Review of the resident's care plan, dated 07/09/24, showed staff assessed resident as follows:</p> <p>-Indwelling urinary catheter due to Benign Prostatic Hyperplasia ((BPH) enlargement of the prostate gland) and neurogenic bladder;</p> <p>-Perform catheter care every shift;</p> <p>-Empty catheter bag every shift and as needed.</p> <p>Review of the resident's medical record showed the resident had been treated for a urinary tract infection (UTI) from 04/20/24-04/20/24, 06/10/24-06/18/24, and 06/23/24-06/27/24.</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 - Some</p>	<p>Observation on 07/14/24 at 9:48 A.M., showed Certified Nursing Aide (CNA) E entered the resident's room, performed hand hygiene, applied clean gloves and provided catheter care. CNA E did not wear a gown during catheter care for the resident.</p> <p>During an interview on 07/15/24 at 9:52 A.M., CNA E said he/she did not know about EBP. The CNA said he/she did not know what the signs on the door or the cart outside the door was for. The CNA said he/she knew the resident was on precautions but forgot what it means.</p> <p>During an interview on 07/17/24 at 9:48 A.M., the MDS Coordinator said EBP is for anyone who has a catheter, open wound with infection from a drug resistant organism, tracheostomy, or anytime staff could come in contact with bodily fluids. The MDS coordinator said EBP means staff must wear a gown and gloves when providing care. The MDS Coordinator said a gown and gloves should be worn when providing catheter care. If EBP are not followed this could lead to a staff member being exposed to bodily fluids and increased risk of infection to the resident.</p> <p>During an interview on 07/17/24 at 10:02 A.M., the Director of Nursing (DON) said EBP is another level of infection control and prevention for residents with open wounds, tracheostomies, or catheters. The DON said staff should wear a gown and gloves every time they enter these residents' rooms. The DON said if staff are not following EBP this could lead to the spread of infections.</p> <p>3. Observation on 07/17/24 at 8:30 A.M., showed CNA M and CNA F entered Resident #35's room, performed hand hygiene, and applied gloves. CNA F removed the resident's soiled brief, and reached in his/her pocket, grabbed trash bags, removed one trash bag, and placed the rest of the trash bags back in to his/her pocket. CNA F continued to wear the same soiled gloves and wiped the resident's front perineal area. CNA F removed his/her soiled gloves and applied clean gloves without performing hand hygiene between glove changes. CNA F and CNA M moved the resident toward CNA M. CNA F wiped the resident's backside. CNA F continued to wear the same soiled gloves, applied barrier cream and placed a clean brief on the resident.</p> <p>During an interview on 07/17/24 at 8:45 A.M., CNA F said hand hygiene should be performed with all gloves changes. The CNA said he/she knew he/she should have washed his/her hands more. The CNA said there is no access to hand sanitizer in the resident rooms and soap and water hand hygiene should be performed.</p> <p>During an interview on 07/17/24 at 8:45 A.M., CNA M said hand hygiene should be performed when moving from dirty to clean tasks, so multiple times during care. The CNA said hand sanitizer should be kept in their pockets for performing hand hygiene during care.</p> <p>4. Observation on 07/15/24 at 1:28 P.M., showed CNA E and CNA F entered Resident #47's room, applied gloves, and did not perform hand hygiene. CNA E and CNA F transferred the resident with the hydraulic lift from his/her recliner to the bed. CNA F removed the resident's soiled brief and provided perineal care. With the same soiled gloves, CNA F handed the resident's barrier cream and wipes to CNA E and moved the resident toward CNA F. CNA F wiped the residents' backside. CNA E and CNA F removed their soiled gloves, applied clean gloves and did not perform hand hygiene. CNA E applied barrier cream to the resident and wiped the excess cream off their glove on to the clean brief and put the brief on the resident. With the same soiled gloves, CNA F and CNA E transferred the resident back to his/her chair.</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 - Some</p>	<p>During an interview on 07/15/24 at 1:36 P.M., CNA E said hand hygiene should be done before and after care and with all gloves changes to prevent cross contamination and infection. The CNA said a clean wipe should be used for each area during perineal care. The CNA did not say why he/she did not use a clean portion of the wipe with each swipe. The CNA said incontinence care should be performed at the beginning of your shift and at least once before the end of your shift.</p> <p>During an interview on 07/15/24 at 1:27 P.M., CNA F said a clean wipe should be used for each area during perineal care.</p> <p>During an interview on 07/17/24 at 9:48 A.M., the MDS coordinator said gloves should be changed and hand hygiene should be completed when moving from a dirty to clean task The MDS Coordinator said during perineal the resident should be wiped with a clean wipe or clean area of the wipe every time, and if not there is an increased risk of infection to the resident.</p> <p>During an interview on 07/17/24 at 10:02 A.M., the DON said staff should perform hand hygiene with all gloves changes, and should change their gloves when soiled or when moving from dirty to clean tasks. The DON said staff can use hand sanitizer for hand hygiene when their hands are not visibly soiled, and staff have access to small bottles they can keep in their pocket, as well as on the carts and in the hallways.</p> <p>5. Review of the facility's, Tuberculosis Control policy, undated, showed once the decision has been made to employ an individual, the individual will be asked for documentation of a prior PPD. If the employee does not have documentation of a prior PPD, the first step PPD will be administered by the nursing department, documented on the Employee's Immunization record, and must be read prior to or no later than start date.</p> <p>6. Review of CNA P's employee file showed:</p> <ul style="list-style-type: none"> -Hire date of 07/10/24; -First step PPD on 07/11/24 and read on 07/13/24 -Review showed the employee file did not contain a documented PPD prior to the employee's start date. <p>7. Review of DA Q's employee file showed:</p> <ul style="list-style-type: none"> -Hire date of 06/11/24; -First step PPD on 06/26/24 and read on 06/28/24; -Review showed the employee file did not contain a documented PPD prior to the employee's start date. <p>8. Review of CMT J's employee file showed:</p> <ul style="list-style-type: none"> -Hire date of 05/30/24; <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 - Some</p>	<p>-First step PPD on 05/30/24 and read on 06/01/24;</p> <p>-Review showed the employee file did not contain a documented PPD prior to the employee's start date.</p> <p>9. Review of the Maintenance Director's employee file showed:</p> <p>-Hire date of 02/19/24;</p> <p>-First step PPD on 02/19/24 and read on 02/21/24;</p> <p>-Review showed the employee file did not contain a documented PPD prior to the employee's start date.</p> <p>10. Review of Laundry Aide S's employee file showed:</p> <p>-Hire date of 01/22/24;</p> <p>-First step PPD on 05/07/24 and read on 05/10/24;</p> <p>-Review showed the employee file did not contain a documented PPD prior to the employee's start date.</p> <p>11. Review of the DON 's employee file showed:</p> <p>-Hire date of 01/20/24;</p> <p>-First step PPD on 01/20/24 and read on 01/22/24;</p> <p>-Review showed the employee file did not contain a documented PPD prior to the employee's start date.</p> <p>12. Review of Housekeeper V's employee file showed:</p> <p>-Hire date of 04/18/24;</p> <p>-First step PPD on 04/18/24 and read on 04/21/24;</p> <p>-Review showed the employee file did not contain a documented PPD prior to the employee's start date.</p> <p>During an interview on 07/16/24 at 3:29 P.M., the DON said the Assistant Director of Nursing (ADON) who no longer works at the facility, did the TB screening for staff. The DON said staff's first TB test should be read before the staff starts, otherwise that defeats the purpose of doing the TB. The DON said he/she is also the Infection Preventionist and it is his/her expectation the TB be read before the staff can even start. The DON said the listed hire date is the actual day the staff started working at the facility.</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 - Some</p>	<p>During an interview on 07/17/24 at 11:07 A.M., the administrator said staff's first step of TB screening should be done during the hiring process. The administrator said the first step of the TB screening for staff, should be administered and read prior to the staff starting. The administrator said the DON is now responsible, but the ADON was responsible for the TB screening, until the ADON quit three weeks ago. The administrator said the staff's hire date is the date they started working at the facility and the staff should have had the 1st step TB read before the hire date.</p> <p>50361</p>		