

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265325	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/26/2024
NAME OF PROVIDER OR SUPPLIER Delmar Gardens North		STREET ADDRESS, CITY, STATE, ZIP CODE 4401 Parker Road Black Jack, MO 63033	

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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>46888</p> <p>Based on interview and record review, the facility failed to provide activities of daily living (ADL) care assistance for a dependent resident (Resident #1), during the evening shift on 12/3/24 and the overnight shift from 12/3/24 to 12/4/24. The sample was five. The census was 172.</p> <p>The Administrator was notified on 12/26/24, of the past non-compliance. The facility disciplined various staff members who failed to provide ADL care to the resident. The facility in-serviced current employees on the topics of rounding on residents, customer service, abuse and neglect, and grooming. The deficiency was corrected on 12/11/24.</p> <p>Review of Resident #1's Medical Record showed:</p> <ul style="list-style-type: none"> -Diagnoses included Alzheimer's disease, diabetes and major depressive disorder; -Cognitively intact; -Resident required two staff members assistance with ADLs. <p>Review of the resident's care plan, in use at the time of the investigation, showed:</p> <ul style="list-style-type: none"> -Problem: The resident refuses to shower at times; -Goal: The resident will allow staff to assist him/her with showers until next review; -Approach: Reattempt to ask at a later time; -Problem: Resident is dependent with ADL care; -Goal: Resident will be well groomed and increase/be stable with current ADL status; -Approach: Assist with toileting needs per request, routine, and as needed. Give verbal cues for bathing, dressing, grooming. Use gentle, firm approach. Resident is noted to refuse showers. Resident educated on need for personal hygiene daily, staff will re-attempt offer of shower. <p>Review of the resident's shower sheets, showed:</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-On 11/29/24, Certified Nursing Assistant (CNA) C documented that the resident refused a shower or bath;</p> <p>-On 12/3/24, CNA C documented that the resident refused a shower or bath.</p> <p>Review of the resident's progress notes, showed:</p> <p>-No progress notes showed staff re-attempted to provide the resident a shower between 11/29/24 and 12/3/24;</p> <p>-A note, dated 12/3/24 at 10:45 A.M., written by Licensed Practical Nurse (LPN) G, showed CNA C was working with this resident and came to this nurse and said the resident was full of fecal material, and his/her clothes were soiled. The resident needed to be cleaned up but would not allow CNA C and a fellow CNA to assist to clean the resident. This nurse stepped into the room with the resident and observed him/her and a foul odor. The resident's bed was covered in fecal material. This nurse explained to the resident that staff could not leave him/her unclean with fecal material on him/her. The resident was persistent about refusing care and began to pull at his/her bed clothes and his/her brief, getting his/her hand into the fecal material. While speaking with the resident, CNA C explained that it was the resident's shower day, and that he/she has already said no to being taken to the shower. This nurse asked if he/she and the other two CNAs could give the resident a bed bath. At this time, the resident refused, but this nurse persuaded the resident to be cleaned up. He/She was given a bed bath by CNA C and a fellow CNA with help from this nurse. This nurse spoke with the Nurse Practitioner (NP) about resident's body odor due to consistent refusal of showers. The NP went to the resident's room to speak with him/her, returned to this nurse and stated that the resident said he/she will take a shower when asked next time. Around the end of CNA C's shift, he/she returned to ask for assistance to clean this resident again. This nurse went in and spoke to resident and let him/her know that he/she has to be checked, dried and cleaned before CNA C could hand off report to the next shift. The resident, at that time, agreed to be cleaned up once more with the help of this nurse;</p> <p>-A note, dated 12/4/24 at 8:04 A.M., written by Registered Nurse (RN) F, said the resident was in his/her room, noted to be tachypneic (fast breathing) with labored breathing, not answering questions appropriately, Respiratory Rate (RR): 38 breaths per minute (normal 10-22), Heart Rate (HR) 133 beats per minute (normal 60-100), Oxygen Level (O2): 70 (normal 95-100), Temperature (T): 99.9 degrees Fahrenheit (F) (normal 98.6 F). A call was placed to (Emergency Medical Services) EMS; Emergency Contact (EC) was contacted and requested for the resident be taken to the emergency department for evaluation. EMS arrived and the resident was transferred to hospital.</p> <p>Review on 12/26/24, of CNA C's written statement, dated 12/4/24, showed:</p> <p>-On 12/3/24, he/she attempted to get the resident up for breakfast twice. By the third attempt, he/she informed LPN G that something may be wrong. That morning, on 12/4/24 around 7:00 A.M., CNA C did rounds on the residents on his/her own. He/She noticed the resident's door was closed. He/She opened it and noticed the resident appeared to be in the same condition as 12/3/24. He/She informed the night nurse, LPN B, who then stated he/she was not told anything was wrong. He/She proceeded back to check on the resident with another aide. He/She then noticed the resident had a pill laying on his/her shirt, so he/she informed LPN B and RN F who went to check on the resident. From there, the resident was sent out to the hospital;</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Review of the Assistant Director of Nursing (ADON's) summary of an interview with CNA C on 12/5/24, showed CNA C said the resident had the same clothing on from 12/3/24. CNA C said he/she did not provide any care to the resident on 12/4/24. He/She said the last time he/she had given the resident a shower was on Thanksgiving. He/She said before a resident is sent out to the hospital, the resident should be taken to the bathroom and changed. CNA C said he/she had reported to the nurse that the resident was refusing ADL care.</p> <p>Review on 12/26/24, of the ADON's summary of an interview with CNA D, dated 12/4/24 showed:</p> <p>-CNA D said on 12/3/24, he/she worked the evening shift. The resident was in his/her bed for the duration of his/her shift. The resident refused to allow CNA D to change his/her brief and clothing. CNA D did not inform the nurse of the resident's refusal of care.</p> <p>Review on 12/26/24, of CNA E's written statement dated 12/5/24, showed:</p> <p>-CNA E said on 12/3/24, he/she took care of the resident from 10:45 P.M. to 7:15 A.M CNA E laid eyes on the resident around 11:20 P.M. and said the resident was awake in bed watching the television. CNA E returned to the resident's room around 12:40 A.M. with fresh water and the resident was still awake. The next round was around 2:00 A.M., and the resident was sleeping. CNA E emptied the resident's urinal at this time. The next round was at 4:30 A.M., and he/she observed the resident in bed with his/her urinal between his/her legs, under the covers. He/She left the resident's room and continued his/her rounds. He/She returned to the resident's room around 5:40 A.M. and emptied the resident's urinal;</p> <p>-Review of the ADON's summary of an interview on 12/5/24 with CNA E, showed CNA E was unable to say what clothing the resident was wearing on 12/4/24 as the resident was covered with a blanket. CNA E said when he/she did rounds on the resident, he/she should have pulled back the resident's blanket to make sure his/her clothes were not soiled.</p> <p>Review on 12/26/24, of LPN B's written statement dated 12/5/24, showed:</p> <p>-On 12/4/24 at 7: 30 A.M., he/she was finishing his/her work when the day shift aide, CNA C, approached the nurse's station and said the resident did not look good and that he/she needed to be checked on. The two nurses, RN F and LPN A, who were relieving his/her station, went to evaluate the resident and decided to send him/her out to the emergency room (ER). He/She made copies of the resident's Continuity of Care document, face sheet, and code status. He/She called 911 and notified the resident's family member of his/her condition and that he/she was being taken to the ER for evaluation and treatment;</p> <p>-Review of the ADON's summary of an interview on 12/5/24 with LPN B, showed LPN B popped by the resident's room to check on him/her during the night shift (12/3/24 to 12/4/24)but didn't want to wake the resident up. LPN B said no reports were made to him/her of the resident refusing care.</p> <p>Review on 12/26/24, of RN F's written statement, dated 12/5/24, showed:</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-On 12/4/24, upon arriving on shift, he/she got report from the day nurse and started making rounds. He/She overheard CNA C talking about a change in condition of the resident. Upon assessment, He/She noticed the resident had labored breathing and was breathing fast. He/She grabbed vitals. EMS arrived, he/she gave report, and then the resident was transported to the hospital.</p> <p>Review on 12/26/24, of LPN A's written statement, dated 12/4/24, showed:</p> <p>-CNA C asked me to come to the resident's room and said the resident does not look well. The resident's breathing was labored, eyes looked glassy, weak. LPN A called the second nurse, RN F, to the resident's room. Both nurses took vitals and assessed the resident while LPN B called 911, called the resident's family, and printed out paperwork.</p> <p>During an interview on 12/26/24 at 10:51 A.M., LPN A said he/she was working when the resident was sent to the hospital on 12/4/24. He/She said he/she was assigned to another hallway but went to assist the resident's nurse when it was decided that the resident was going to be sent out to the hospital. He/She said he/she did notice the resident appeared dirty and had fecal material on him/her. He/She did know the resident had not received a shower or ADL care before he/she was sent out to the hospital.</p> <p>During an interview on 12/26/24 at 1:03 P.M., the ADON said she along with the Administrator were informed that the facility was going to be hotlined to the Department of Health and Senior Services (DHSS). She said a facility investigation was started on 12/4/24 into the resident's ADL care. She found multiple issues with staff not reporting the resident's refusal of care. She said the resident was not provided proper ADL care on 12/3/24 on day shift and evening shift and the overnight shift from 12/3/24 to 12/4/24.</p> <p>During an interview on 12/26/24 at 1:23 P.M., the Administrator and ADON said they would expect for staff to provide appropriate ADL care for residents and would expect any refusal of care to be reported and documented.</p> <p>MO00246140</p>		