

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265341	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Pillars of North County Health & Rehab Center, The		STREET ADDRESS, CITY, STATE, ZIP CODE 13700 Old Halls Ferry Road Florissant, 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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30687</p> <p>Based on interview and record review, the facility failed to monitor a full code resident who was diagnosed with COVID-19 (an infectious disease caused by the SARS-CoV-2 virus), in accordance with their policy (Resident #1). The facility did not document assessments of symptoms, vital signs, oxygen saturation levels and respiratory symptoms. The sample was four. The census was 57.</p> <p>Review of the facility's Change in Condition Policy, dated February 2012, showed the following:</p> <p>-Policy: It is the policy of the facility that resident change in condition will be assessed promptly and follow up activity will occur as appropriate and in a timely manner;</p> <p>-Definition:</p> <p>-Change in condition is defined as an improvement or decline in the resident's physical, mental or psychosocial status that affects less than two areas of activities of daily living;</p> <p>-Significant change is defined as an improvement or decline in the resident's physical, mental or psychosocial status that affects two or more areas of activities of daily living;</p> <p>-Procedure:</p> <ol style="list-style-type: none"> 1. The staff person who first notices the change reports resident change in condition immediately to the licensed nurse. 2. The licensed nurse assesses the resident including vital signs and notes signs and symptoms, regarding physical and mental changes in condition. 3. The results of the assessment, including the vital signs, signs and symptoms and any physical and/or mental changes in condition are documented in the resident's medical record. 4. The resident's primary physician or designated alternate will be notified immediately of any change in resident's physical or medical condition, this includes: <ol style="list-style-type: none"> a. Need to alter treatment (i.e. need to discontinue an existing form of treatment due to adverse consequences or to commence new form of treatment); <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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's care plan, showed no documentation of the resident's diagnoses of COVID-19.</p> <p>During an interview on [DATE] at 10:34 A.M., CNA B said he/she was assigned to the resident on [DATE] on the evening shift. The resident was lethargic and this was normal for the resident. He/She gave care to the resident with no concerns. CNA B said he/she was new to the facility. He/She did not report anything because he/she did not think there was anything to report. He/She did not get vital signs. The Charge Nurse should get the vital signs.</p> <p>Review of the next nurse's note, dated [DATE] at 7:52 A.M., showed the CNA notified the nurse and said during perineal care, the resident became unresponsive. The Charge Nurse entered resident's room at 4:20 A.M. The resident had no rise or fall of his/her chest, he/she was pulseless and unable to obtain vital signs. Cardiopulmonary Resuscitation (CPR, a medical emergency first aid procedure to help someone whose heartbeat and/or breathing has stopped by performing chest compressions, intubation, and/or defibrillation) was initiated. A call placed to 911 at 4:21 A.M. and 911 arrived 4:29 A.M. and took over CPR administration which was unsuccessful. The time of death was called 4:51 A.M. The resident's physician was notified of above and named the cause of death as COVID-19. A call was placed to the resident's family.</p> <p>Review of the resident's medical record, showed no documentation on ,d+[DATE] through [DATE] of monitoring, assessment or vital signs to the resident's change of condition</p> <p>During an interview on [DATE] at 10:14 A.M., Licensed Practical Nurse (LPN) A said a CNA came and got him/her and said the resident had expired during perineal care. He/She went to assess the resident and found the resident unresponsive. He/She started CPR with CNA C. Another nurse called 911 and they arrived and took over. The resident had expired. The resident did not eat much at lunch but did not have any complaints. At 12:28 P.M., LPN A said he/she saw the resident around 3:00 P.M. to 4:00 P.M. on [DATE]. The resident was breathing fine. LPN A said knew the resident had COVID-19 and was not at his/her baseline. The resident was usually very talkative. The Charge Nurse should have obtained vital signs from the resident each shift. LPN A said he/she left for the evening and came back later on [DATE] to work the night shift 11:00 P.M. to 7:00 A.M The resident was sleeping at that time and did not show any signs of concern. LPN A said he/she usually takes vital signs at the end of the shift which would be about 4:00 A.M. to 6:00 A.M. He/She saw the resident sleeping and did not want to wake the resident so the vital signs were not obtained. He/She did not see any concerns with the resident. He/She did not know what the facility's policy was on the timeframe of taking vital signs.</p> <p>During an interview on [DATE] at 2:12 P.M., CNA C said he/she came on shift at 11:00 P.M. on [DATE]. He/She did rounds at that time and the resident was breathing properly. CNA C went to do rounds at approximately 4:00 A.M. and went to give the resident perineal care and found the resident was not breathing. He/She went to get LPN A and they initiated CPR. CNA C said he/she did not get vital signs on his/her shift. LPN A should get vital signs. CNA C said he/she did not remember anything being wrong with the resident.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 3:07 P.M., Physician F said he/she may have gotten a call from the facility regarding the resident having COVID-19, he/she did not remember. The facility was good about keeping him/her updated. He/She expected the facility to follow their COVID policy with the resident being a full code and call if there was a change of condition for further instruction and orders. The resident was elderly and any major illness such as COVID could have taken the resident.</p> <p>During an interview on [DATE] at 12:10 P.M., the Director of Nursing (DON) said she expected the facility's COVID Policy and Change of Condition Policy to be followed as written. The DON expected the Charge Nurse to use nursing judgment to obtain the vital signs each shift. The purpose of obtaining vital signs would be to help monitor the resident for any change of condition. If there was a change of condition, the resident's physician should have been notified for further instructions.</p> <p>MO00233024</p>