

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265345	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/20/2024
NAME OF PROVIDER OR SUPPLIER  Life Care Center of Bridgeton		STREET ADDRESS, CITY, STATE, ZIP CODE  12145 Bridgeton Square Dr Bridgeton, MO 63044	

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 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not hire anyone with a finding of abuse, neglect, exploitation, or theft.</p> <p>34477</p> <p>Based on interview and record review, the facility failed to develop and implement policy and procedures to prevent abuse and neglect neglect of residents and prevent misappropriation of resident property when the facility continued to employ staff member, Certified Nurse Aide (CNA) A who was listed on the Employee Disqualification List (EDL, a listing of individuals disqualified from working in a certified home) indicating he/she was ineligible to work in a certified long-term care facility. CNA A was hired on 12/17/14, put on the EDL list on 8/13/20 with a disqualification length of six years, and terminated from the facility on 1/12/24. The census was 74.</p> <p>The administrator was notified on 2/20/24, of the past non-compliance. Upon discovering CNA A was on the EDL on 1/12/24, the facility took him/her off the schedule. An audit of all current employees' background checks was completed on 1/12/24. The facility also requested their pre-hire criminal background check vendor to complete quarterly background checks on all active employees. The deficiency was corrected on 1/12/24.</p> <p>Review of the facility's Abuse and Neglect policy, reviewed 11/27/23, showed:</p> <p>-What: To minimize the threat of abuse and/or neglect, nursing homes must incorporate clear-cut policies and practices that demonstrate a hard line, zero-tolerance approach to resident abuse. Each resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation of any type by anyone;</p> <p>-Why: F606 Not Employ/Engage Staff with Adverse Actions. The facility must not employ or otherwise engage individuals who: Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of abuse, neglect, exploitation, misappropriation of property or mistreatment of resident property;</p> <p>-How: The facility has procedures in place to provide protection for the health, welfare and rights of each resident residing in the facility. These procedures include, but are not limited to:</p> <p>-Screening;</p> <p>-Identification;</p> <p>-Training;</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 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Prevention.</p> <p>Review of CNA A's employee file, showed:</p> <p>-Pre-hire EDL check: 12/15/14;</p> <p>-Date of Hire: 12/17/14;</p> <p>-Date of Termination: 1/12/24;</p> <p>-No other background check documentation.</p> <p>Review of the EDL Active Report, showed:</p> <p>-CNA A's name and Social Security Number;</p> <p>-Added: 8/13/20;</p> <p>-Removed: 8/13/26;</p> <p>-Ordered Length: 6 years.</p> <p>During an interview on 2/20/24 at 11:36 A.M., the Administrator said she was alerted on 1/12/24 the facility should run routine background checks, including the EDL. She did not know this process should have been in place. They completed checks for all active employees and CNA A's EDL results showed he/she was on the list. The Administrator told CNA A he/she would be taken off the schedule and could not come back to work until he/she had resolved the EDL issue. CNA A never returned.</p> <p>During an interview on 2/20/24 at 12:48 P.M., the AP/Payroll Coordinator said she'd been in that position since 2021. She knew she needed to run background checks prior to hiring an employee, but did not know they needed to be completed routinely. She has since been educated and planned to do them quarterly.</p> <p>During an interview with the Administrator and Corporate Representative on 2/20/24 at 1:55 P.M., the Administrator said she was not aware screenings needed to be completed post-hire. She understood they were needed to ensure staff were not on the EDL. She was responsible to make sure routine screenings were completed. The Corporate Representative said they would have the vendor used for pre-hire background checks begin running quarterly background checks for all active staff.</p> <p>-</p>		