

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 05/22/2024
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 0563</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to receive visitors of his or her choosing, at the time of his or her choosing.</p> <p>49149</p> <p>Based on interview and record review, the facility failed to ensure the rights of one resident of four sampled residents, for unrestricted visitation, when the facility prevented the resident's relative from visiting the resident due to an allegation of the relative being unruly and having erratic behavior. The facility also failed to provide alternate methods of visits via a private setting, room, or by video teleconferencing platform (Resident #1). The census was 77.</p> <p>Review of the facility's policy Locking Entrance and Perimeter Doors: After-Hours visitors policy, revised 07/21/23, showed:</p> <ul style="list-style-type: none"> -The resident has a right to receive visitors of his or her choosing at the time of his or her choosing; -The facility must provide immediate access to a resident by immediate family and other relatives of the resident; -The facility must provide immediate access to a resident by others who are visiting with the consent of the resident. <p>Review of the facility's policy titled, Area of Focus: Resident Rights, effective 11/27/2023, showed federal and state laws guaranteed certain basic rights while residing in a Long-Term-Care facility. The facility and its associates have the responsibility for ensuring these rights are always upheld the resident is in their care. Centers for Medicare & Medicaid Services outlines at least 48 rights the resident has that span a wide range of topics.</p> <ul style="list-style-type: none"> -Resident Rights-The resident has a right to a dignified existence, self-determination, and communication, with and access to persons and services inside and outside the facility; -The facility must protect and promote the rights of the resident; -The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States; -The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility; <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 0563</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility and the exercise of his or her rights as required under this subpart.</p> <p>Review of Resident #1's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 2/27/24, showed the following:</p> <ul style="list-style-type: none"> -Cognitively intact; -Total dependence for bed mobility, transfer, dressing, eating, toilet use, and personal hygiene; -Upper and lower extremity impairment on one side of the body; -No mobility devices used; <p>-Diagnosis include anemia (low blood count), high blood pressure, diabetes, expressive aphasia (unable to speak words), stroke, hemiplegia (paralysis on one side of the body), seizure disorder or epilepsy (uncontrolled shaking) and depression.</p> <p>Review of the resident's progress notes, showed the visitor was the resident's relative.</p> <p>Review of the incident/police report, dated 3/12/24, showed officers were dispatched on 3/12/24 at 2:25 P.M. The family member was in the room with the resident. No physical altercation at this time.</p> <p>Review of the facility's Notice of Trespass and Notice of No Trespass and No Contact, dated 3/13/24 issued via certified mail and process server, showed the facility prohibited the relative from being on or in the parking lot, common area, buildings, or residences owned or managed by Bridgeton Medical Investors LLC. Resident does not have the right to revoke this notice of trespass.</p> <p>Review of the resident's care plan, dated 4/4/24, showed the following:</p> <ul style="list-style-type: none"> -Limited extremity use to right upper and lower extremity; -Communication problem related to expressive aphasia; -At risk for increased depression; -The care plan did not show any documented reason for the relative's restriction inside the facility. <p>Review of the resident's electronic medical record (EMR), showed:</p> <ul style="list-style-type: none"> -No documentation or progress notes, by Social Services, nursing staff, or Administration of the allegations of aggression towards staff; -No documentation of alternative visitation accommodations; -No documentation of court order records prohibiting visitation to the facility. <p>(continued on next page)</p>		

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<p>F 0563</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/21/24 at approximately 7:00 A.M., the resident expressed it had been 3 months since he/she has seen his/her relative. Other people are allowed to visit, but not this relative. At 9:00 A.M., the resident expressed by nodding his/her head that he/she did want to see his/her relative and that he/she was sad because his/her relative had not been in to see him/her.</p> <p>During an interview on 5/21/24 at 12:20 P.M., the Administrator and Assistant Director of Nurses (ADON) said the family member was restricted due to cases on casenet for stalking patterns. The Administrator said the relative could not follow boundaries. The deal breaker was when when he/she was found under a resident's bed. He/She was asked to leave, and a police report was done. The lawyers got involved and it was discovered this was a pattern that existed out in the community before the resident came to the facility.</p> <p>During an interview on 5/22/24 at 7:04 A.M., the Corporate Nurse said they can arrange for the resident to visit with his/her relative if he/she chooses to do so. The use of tablets and other forms of electronics can be used if a family member is physically unable to be on campus. The facility will provide electronic access. The resident had not expressed he/she wanted to visit with his/her family member.</p> <p>During an interview on 5/22/24 at 10:40 A.M., the Administrator and ADON said they expected leadership to follow the process to have family members barred from the facility and document that process. Staff should inform the resident if his/her family member had been banned from the facility. Residents have the right to receive visits or visitors while in the facility. Documentation should be charted if a resident family member had threatening behavior. Leadership should have several documented conversations with an individual accused prior to them being restricted from facility.</p> <p>MO00235918</p>		