

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265358	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2024
NAME OF PROVIDER OR SUPPLIER  Riverbend Heights Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 Highway 13 South Lexington, MO 64067	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35013</p> <p>Based on observation, interview and record review, the facility failed to provide adequate protective oversight for one sampled resident (Resident #1) when the resident obtained access to a sharps container on the medication cart, found the tip/needle portion of an insulin pen and poked his/her finger out of ten sampled residents. The facility census was 94 residents.</p> <p>Review of the facility policy for Sharps Disposal revised January 2021 showed:</p> <ul style="list-style-type: none"> <li>-The facility staff was to discard contaminated sharps into designated containers immediately or as soon as feasible, into designated containers.</li> <li>-All containers used for discarding contaminated sharps were to be closable, puncture resistant, leakproof on sides and bottom, labeled or color-coded in accordance with the established labeling system and impermeable and capable of maintaining impermeability through final waste disposal.</li> <li>-During use, containers for contaminated sharps were to be handled by: <ul style="list-style-type: none"> <li>--Designated individuals will ensure that the containers were easily accessible to employees and located as close as feasible to the immediate area where sharps were used.</li> <li>--Nursing staff were to ensure that the containers were maintained in an upright position throughout use,.</li> <li>--Designated individual were to be responsible for sealing and replacing containers with they were 75% to 80% full to protect employees from punctures and/or needle sticks where attempting to push sharps into the container.</li> <li>--When moving containers of contaminated sharps from the area of use, employees were to close the container immediately prior to removal, or replacement to prevent contents from spilling or protruding during handling, storage, transport or shipping, place the container in a secondary container if leakage was possible ensuring the second container used was closeable, constructed to contain all contents and prevent leakage during handling, storage, transport or shipping and label or color-coed according to established policies governing the labeling or containers and seal and replace containers when they were 75% to 80% full to protect employees from punctures and/or needlesticks when attempting to push sharps into the container.</li> </ul> </li> </ul> <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265358	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2024
NAME OF PROVIDER OR SUPPLIER  Riverbend Heights Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1221 Highway 13 South Lexington, MO 64067	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. Review of Resident #1's Facility Admission Record showed he/she was admitted on [DATE] with the following diagnoses:</p> <ul style="list-style-type: none"> <li>-Unspecified intellectual disabilities (a developmental disorder characterized by less than average intelligence and significant limitations in adaptive behavior with onset before the age of [AGE] years old).</li> <li>-Adjustment disorder (an emotional or behavioral reaction to a stressful event or change in a person's life).</li> <li>-History of behavioral and mental disorders (mental/behavioral health disorders affect the way a person thinks and behaves, changing mood and making it difficult to function in society).</li> </ul> <p>Review of the resident's Nursing Care Plan dated 11/25/23 showed:</p> <ul style="list-style-type: none"> <li>-He/she had impaired cognitive function or an impaired thought process related to intellectual disabilities.</li> <li>-The facility staff was to cue, reorient and supervise him/her as needed.</li> <li>-The facility staff was to reduce any extra outside stimulation and ensure he/she understood the communication.</li> </ul> <p>Review of the resident's admission Minimum Data Set (MDS-a federally mandated assessment tool completed by facility staff and used for care planning) dated 11/28/23 showed he/she:</p> <ul style="list-style-type: none"> <li>-Was not cognitively intact.</li> <li>-Had severe mood issues including but not limited to little interest in doing things, feeling down, sleeping too much or not enough, poor appetite or over eating, feeling bad about himself/herself, trouble concentrating, moving slowly or too fast, and feeling better off dead.</li> <li>-Had behaviors such as delusions, hallucinations, verbal behaviors directed toward others and physical behaviors not directed at others.</li> <li>-The resident's behaviors put the resident at potential risk as well as interfered in his/her participation in activities and social interactions.</li> <li>-His/her behaviors also placed the resident and other residents at risk for injury, interfered in their privacy and disrupted their living environment.</li> </ul> <p>Review of the resident's Nurse's Notes dated 1/12/24 at 4:30 P.M., showed:</p> <ul style="list-style-type: none"> <li>-Licensed Practical Nurse (LPN) A left the nurse's station to use the restroom.</li> <li>-When LPN A returned to the nurse's station, Resident #1 had an insulin pen needle with a cap in his/her hand and said he/she had poked himself/herself with it.</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265358	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2024
NAME OF PROVIDER OR SUPPLIER  Riverbend Heights Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1221 Highway 13 South Lexington, MO 64067	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The end of the insulin pen needle that would go into a resident had a plastic cover on it so the end exposed would have been the end that plugged into the insulin pen therefore, the resident would not have been exposed to any blood or body fluids.</p> <p>-LPN A asked the resident where he/she got the insulin pen needle and the resident showed him/her the sharps box on the side of the nurse's medication cart.</p> <p>-No blood was visible to LPN A as the resident said he/she poked his/her right index finger.</p> <p>-The sharps box was not open and the lid was completely closed where the resident would have had to use force to get into the box to obtain the insulin pen needle.</p> <p>-The Administrator was contacted as well as the physician and Public Administrator (PA).</p> <p>-The resident was to have been monitored for signs and symptoms of infection.</p> <p>Review of the facility's undated Follow-up Investigation Report showed:</p> <p>-The resident was monitored throughout the weekend per physician's order to ensure the resident had no adverse reaction related to a self-inflicted needle stick. The note did not indicate when it was written, the dates the resident was monitored, or the date of the incident.</p> <p>-There were no changes in the health status of the resident.</p> <p>-The Administrator assessed and interviewed the resident after the needle stick site was thoroughly cleaned.</p> <p>-The resident initially reported the needle stick to the wrong hand/finger with an assessment of the other hand, located a small puncture wound.</p> <p>-The resident reported no pain and stated, I'm sorry. I am a good. Please don't send me out to a psych ward.</p> <p>-The resident was reassured that he/she was okay and would remain in the facility and that he/she would be taken care of.</p> <p>-It was discovered there was no concern for cross contamination as the side of the needle exposed was attached to the insulin, not the resident.</p> <p>-The resident was not cognitively intact with intellectual disabilities which could result in impulsivity.</p> <p>Review of LPN A's written statement dated 1/12/24 showed:</p> <p>-At approximately 5:00 P.M., on 1/12/24 he/she was notified that the resident had reached into the sharps container located on the medication cart and had poked himself/herself with an insulin pen needle.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265358	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2024
NAME OF PROVIDER OR SUPPLIER  Riverbend Heights Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1221 Highway 13 South Lexington, MO 64067	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/she went to investigate and found the resident sitting at the dining room table with two staff members.</p> <p>-The Administrator asked the resident where he/she was poked as the resident had initially said the wrong hand/finger.</p> <p>-The resident had a small puncture wound on the tip of his/her right hand index finger.</p> <p>-LPN A cleaned the site immediately with hydrogen peroxide.</p> <p>-Upon further investigation, the sharps container was filled just above the fill line.</p> <p>-The resident, lifting the protective lid on the container and placing his/her hand into the container, grabbed the insulin pen needle.</p> <p>-The resident poked his/her finger with the side of the insulin pen needle that would have gone into the insulin, not a resident's finger, as the other side of the needle was retracted and protected.</p> <p>-He/she notified the physician who requested the resident be monitored for any changes.</p> <p>Observation and interview on 1/23/24 at 11:30 A.M., showed:</p> <p>-The resident was laying in bed in his/her room.</p> <p>-He/she did not recall taking the insulin pen needle from the sharps box.</p> <p>-He/she wanted to eat lunch.</p> <p>During an interview on 1/29/24 at 3:01 P.M., LPN A said:</p> <p>-On the day of the incident, 1/12/24 the resident had been doing very well with no signs of impulsivity or behaviors.</p> <p>-He/she needed to use the restroom and the resident was seated in his/her wheelchair next to the nurse's station.</p> <p>-He/she left for a few short minutes to use the restroom and upon returning, the resident showed him/her that he/she had an insulin pen needle in his/her hand and had poked himself/herself with it.</p> <p>-He/she assessed the resident and saw no blood.</p> <p>-The resident asked him/her not to take him/her to the hospital.</p> <p>-He/she told the resident that he/she need to call the doctor but did not think he/she needed to go to the hospital.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265358	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2024
NAME OF PROVIDER OR SUPPLIER  Riverbend Heights Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1221 Highway 13 South Lexington, MO 64067	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The resident had been doing very well for the past few weeks after some medication changes and extra attention.</p> <p>-He/she was surprised that the resident would put his/her hands in the sharps box in the first place.</p> <p>-He/she should have gotten another staff member to watch the resident knowing the resident's impulsivity and curious personality.</p> <p>During an interview on 1/29/24 at 3:30 P.M., the Administrator and Assistant Director of Nursing (ADON) said:</p> <p>-He/she would have expected the facility staff to have emptied the sharps box once the box got half full.</p> <p>-He/she would have expected the sharps box lid to have been completely closed after placing the insulin pen needle in the box.</p> <p>-He/she would have expected staff to have notified another staff member to watch the resident while he/she went to the restroom.</p> <p>MO00230209</p>