

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265414	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Surrey Place St Lukes Hosp Skilled Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 14701 Olive Blvd Chesterfield, MO 63017	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 12679</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to assess one of one sampled resident (Resident (R) 37) for the safe self-administration of medications. This failure could potentially lead to medications being left by staff at the resident's bedside where other residents could access them.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Self-Administration of Medications Policy dated 10/23 indicated, .It is the policy of this facility that if a resident requests to self-administer medication(s), the interdisciplinary team (IDT) will assess the resident to determine if it is clinically appropriate to honor the resident's choice, in order to maintain the resident's highest practicable level of functioning. The resident has the right to defer responsibility to the facility. A resident may only self-administer medications after the IDT has determined which medications may be safely self-administered.</p> <p>Review of a facility document titled Resident Information indicated R37 was admitted to the facility on [DATE].</p> <p>Review of R37's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/24/24 indicated the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which revealed the resident was cognitively intact. The assessment indicated the resident had a history of choking during meals or when swallowing medications.</p> <p>Review of R37'sCare Plan failed to indicate the facility assessed the resident for safe self-administer of her medications.</p> <p>Review of R37's electronic medical record (EMR) failed to show evidence the facility assessed the resident for the safe self-administration of her medications.</p> <p>During an interview on 07/30/24 at 12:17 PM, R37 stated she no longer required skilled Speech Therapy and could identify when she needed to pull food from her mouth if she began to pocket the food. During this interview, Licensed Practical Nurse (LPN) 2 entered into the resident's room and the resident informed LPN 2 that she could not swallow the vitamin and asked if LPN2 could crush the vitamin. The resident pointed to a crumbled-up tissue with a slight orange spot in the middle of it. LPN2 retrieved the tissue and said that she would do that for the resident.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 265414	If continuation sheet Page 1 of 27

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During an interview on 07/30/24 at 12:19 PM, R37 stated LPN 2 left a Tylenol and a Vitamin at her bedside for her to take by herself. The resident stated LPN2 was not present when she took her pills.</p> <p>During an interview on 07/30/24 at 4:15 PM, LPN 2 confirmed she left the vitamin and Tylenol at R37's bedside and alone.</p> <p>During an interview on 08/01/24 at 1:14 PM, the Director of Nursing (DON) stated R37 wanted the medications left at her bedside and the facility was honoring her choice. The DON stated that residents should not be unsupervised, with medications, unless the facility previously assessed the resident for the safe self-administration of medications.</p>

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>49992</p> <p>Based on interview and record review, the facility failed to protect one resident (Resident #38) from misappropriation of property when a staff member took the resident's wallet, and used his/her credit card to purchase take-out food and groceries. The census was 79.</p> <p>The administrator was notified on 7/24/24 of the past non-compliance. The facility had completed their investigation, interviewed staff and residents, notified the police and terminated Certified Nurse Aide (CNA) A. The deficiency was corrected on 7/24/24.</p> <p>Review of the Abuse and Neglect (Suspected) Policy, revised March 2022, included the following:</p> <ul style="list-style-type: none"> -Residents have the right to be free from any type of abuse, including verbal, physical, psychological, sexual, and emotional abuse and/or exploitation; -Misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent. <p>Review of Resident #38's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 6/27/24, showed the following:</p> <ul style="list-style-type: none"> -Cognitively intact; -No behaviors; -Diagnoses included high blood pressure, diabetes, total knee replacement; -Hearing and vision adequate; -Understands others. <p>Review of the facility's investigation, submitted 7/16/24, showed the following:</p> <ul style="list-style-type: none"> -The resident said a couple of nights before, he/she had CNA A help read the card verification value (CVV) on the back of his/her credit card and the CNA returned the card. He/She wanted the wallet returned and did not want to file charges; -A Timeline of Events for July 12, 2024, created by the Director of Nursing (DON); -Separation of employment completed for CNA A. <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During an interview on 7/24/27 at 11:10 A.M., the resident said he/she was shopping one night and could not read the CVV on the back of the credit card. He/She asked the AP to help him/her read the number. The CNA went to get his/her glasses, came back and read the number and returned the wallet to the resident. The resident placed the wallet near the head of the bed. On 7/12/24, he/she could not recall the exact time, he/she received a call regarding fraudulent charges on his/her credit card. The resident reviewed the online banking information and noted the charges at a grocery store and a food restaurant. That is when he/she first noticed his/her wallet was missing. The DON and Nurse Supervisor (NS) came to the resident's room, gathered information and the NS assisted the resident in calling the credit card company to get the times of the transactions. The NS called the restaurant and was given a description of the person who used the card to purchase food.</p> <p>During an interview on 7/24/24 at 11:20 A.M., the DON said he/she was present in the facility the day of the incident. At approximately 2:55 P.M., she was notified by an employee the resident reported he/she was missing a wallet and there were charges on his/her credit cards. The DON and NS went immediately to the resident's room. The resident said a couple of nights before, he/she had the CNA help him/her read the CVV on the back of the credit card and the CNA returned the card. The resident did not realize his/her wallet was missing until the bank fraud department contacted him/her for some charges that occurred on 7/12/24. The resident reviewed his/her account and was unable to locate the wallet, and the resident notified a staff member. After gathering the information, the NS contacted the local police department and requested an officer to come make a report. The DON reviewed the staffing sheets and noted the CNA was scheduled for that evening but was running late. When the CNA arrived, carrying a plain white bag with food items, he/she was directed to complete education on the computer in the part of the building with no resident contact. The Police Officer arrived, took the statement from the resident, staff, and requested the CNA be brought to the conference room. The CNA confirmed he/she took the wallet and made purchases at the grocery store and restaurant.</p> <p>During an interview on 7/24/24 at 2:41 P.M., the NS said the resident reported the wallet as stolen. The resident got a notice from his/her bank for fraudulent charges. The NS helped the resident call the bank and get times of the charges to the card. The NS called the restaurant, where the card was used, and the staff provided a description of the person, the car, and the items ordered. When the CNA arrived to the facility, the DON instructed the AP to complete computer training in a different part of the facility, away from resident contact. The police interviewed the resident and staff. The CNA was brought to the conference room. The next time the NS saw the CNA was out front of the lobby at the police car. The DON said the CNA was arrested and the officer was waiting for a female officer.</p> <p>Review of the Police Department Investigative Report, showed:</p> <ul style="list-style-type: none"> -A purple coin purse/wallet with twist latch was stolen. Contents included a driver's license, Costco credit card, Credit Union debit card, American Association of Retired Persons (AARP) membership card, PNC Bank Credit Card, library card, twenty-three dollars (\$23.00) in cash, two un-signed blank checks; -The Alleged Perpetrator (AP) was charged with Stealing (Class D Felony)-all other property and Fraudulent Use of Credit/Debit Device. Total value \$46.03; -Fraudulent charges, takeout food fifty-one dollars (\$51.00) and groceries fifty-seven dollars and ninety-nine cents (\$55.99); <p>(continued on next page)</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46592</p> <p>Based on record review and interview, the facility failed to ensure a baseline care plan (CP) that addressed specific needs was provided for three of 26 sampled residents (Resident (R)7, R294, and R297). This failure had the potential to cause staff to not receive the necessary instructions needed to provide effective care and meet the needs of residents.</p> <p>Findings include:</p> <p>1. Review of the History and Physical Reports provided by the facility revealed R7 was admitted on [DATE] with diagnoses including chronic kidney disease and chronic lower extremity edema.</p> <p>Review of the Baseline Care Plan LTC initiated on 07/11/24, provided by the facility, revealed medications listed on the plan, but no indications of treatments or monitoring. The baseline CP provided by the facility had concerns related to skin integrity, but no specificity related to edema.</p> <p>2. Review of the History and Physical Reports provided by the facility revealed R294 was admitted on [DATE] with diagnoses including left distal femur periprosthetic fracture, depression, and diabetes mellitus.</p> <p>Review of the Active Orders Profile supplied by the facility revealed R294 had orders for duloxetine (antidepressant) 30mg (milligram) per day initiated on 07/19/24.</p> <p>Review of the Baseline CP LTC dated 07/20/24 and supplied by the facility revealed R294 had orders listed for warfarin 4mg daily but did not have monitoring for signs and symptoms of adverse effects.</p> <p>Review of the Baseline CP LTC initiated on 07/19/24, provided by the facility, revealed concerns and interventions related to diabetes mellitus and antibiotic use, but no concerns/interventions related to the use of anticoagulants, such as monitoring for the signs and symptoms of bleeding, and no concerns/interventions related to the use of psychotropic medications such as antidepressants and monitoring for psychosocial issues.</p> <p>3. Review of the History and Physical Reports provided by the facility, revealed R297 was admitted on [DATE] with diagnoses including a urinary tract infection.</p> <p>Review of the Surrey LTC - Medication Administration Record Report for the month of July 2024 and provided by the facility revealed R297 to be on an antibiotic from 07/22/24 through 07/27/24.</p> <p>The Administrator was asked to provide R297's baseline care plan. However, it was not received prior to the survey team exiting the facility.</p> <p>Interview on 08/01/24 at 9:28 AM, the Director of Nursing (DON) stated that the nurses put orders into the system and do a baseline CP from there. The MDS department then receives reports to put more resident oriented care plans in place. The DON stated all specialized treatments and medications should be included on the baseline CP.</p> <p>(continued on next page)</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Interview on 08/01/24 at 2:35 PM, the Minimum Data Set (MDS) Coordinator (MDSC)3 stated all medications (antidepressants, anticoagulants and antibiotics) should be included on the base line CP.</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>46592</p> <p>Based upon document review and interview, the facility failed to ensure staff were trained in required infection control practices such as enhanced barrier protection (EBP) and/or other isolation precautions. The facility failed to have staff's competencies in relation to the infection control training. This failure placed all 80 residents at risk of infection. The lack of adequate training and evaluation of staff's competencies had the potential for residents' needs to go unmet and/or result in a lack of services provided by the facility.</p> <p>Findings include:</p> <p>Review of the course printouts for available education on the computer-based system provided by the facility revealed the Annual Mandatory Courses list indicated Bloodborne Pathogens as the only infection control related education. The Course and Curriculum Assignments by Group: Surrey Place . for different disciplines lists indicated Targeted COVID-19 Training as the only infection control related education.</p> <p>Review of Registered Nurse (RN)1's, RN3's, and Licensed Practical Nurse (LPN)3's Progress Report for completed education for date ranges 02/25/23 through 07/31/24, 02/13/23 through 07/31/24 and 12/21/22 through 07/31/24 respectively, provided by the facility, indicated 2023-2024 Influenza Training, Bloodborne Pathogens, Hand Hygiene, and Targeted COVID-19 Training as the only infection control related education completed.</p> <p>Review of RN2's education, provided by the facility, indicated Infection Preventionist Basic Bootcamp for Long Term Care Facilities dated March 2019 as the only infection prevention education completed.</p> <p>Review of Certified Nursing Assistant (CNA)6, CNA7, CNA8, CNA9, and CNA10, education related to training/testing of infection control requirements, provided by the facility, revealed no documented training or competency testing related to infection control such as EBP or isolation precautions. The New Employee Orientation checklist from each file listed Hand Hygiene & Infection Control as checked off education, but the corresponding detailed information was not contained in the file.</p> <p>Interview on 07/31/24 at 1:50 PM, the Administrator stated the facility did not have a staff educator. The Administrator stated required training is given to the facility from the main hospital and it is up to facility management to make sure new training and other education is disseminated to the staff.</p> <p>On 08/01/24 at 9:05 AM, the Administrator was asked for policies related to training of staff and determining staff's competencies, however, no policies were provided</p> <p>Interview on 08/01/24 at 10:45 AM, the Director of Nursing (DON) stated that the Assistant Director of Nursing (ADON) began teaching the current IP however, neither of them, DON or ADON, were fully trained to be an Infection Preventionist.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During an interview on 07/31/24 at 2:45PM, the Administrator stated that she had received CMS guidance regarding EBP and had reviewed this information with the staff earlier this year. The Administrator was unable to provide documentation that staff had received EBP training. (Refer to F880)</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Post nurse staffing information every day.</p> <p>46592</p> <p>Based upon interview and record review, the facility failed to post a daily staffing report that indicated the total number of hours worked by nursing staff. This deficient practice has the potential to affect all 80 residents and visitors to the facility. This failure had the potential to inaccurately inform any resident or visitor to the facility of the available nursing staff caring for residents.</p> <p>Findings include:</p> <p>Review of the St. Luke's Surrey Place Staffing nurse staffing document, located on the receptionist counter of the facility, dated 07/31/24 indicated the facility's name, the resident census, the total number of licensed/unlicensed staff, and the shift the staff were working. However, the form did not indicate the total number of hours worked by the nurses and Certified Nurse Aides (CNAs) per shift/day.</p> <p>Review of St. Luke's Surrey Place Staffing nurse staffing documents dated 07/01/24 through 07/31/24 revealed the document did not indicate the total number of hours worked per nurses and CNAs during each shift.</p> <p>Interview on 08/01/24 at 9:35 AM the Director of Nursing (DON) stated she was unaware that the total number of hours worked by staff was needed on the form. The DON confirmed there was no policy on daily staff postings.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>16752</p> <p>Based on observation, interview, record review, the facility failed to ensure two of three medication carts (Alpine unit and Canyon unit), and one of two treatment carts (Alpine unit) were locked and secured on three of three resident halls. This failure created a risk of medications being misappropriated or tampered with. Also, the facility failed to remove expired blood collection tubes from two of the three medication rooms (Alpine unit and Dakota Bluffs unit).</p> <p>Findings include:</p> <p>1. On 07/30/24 at 2:15PM, observation of the Alpine unit medication room revealed the following:</p> <p>31 of 31 BD vacutainer blood collection tubes with expiration date on 01/31/24.</p> <p>Three of 13 Kangaroo Epump Enplus Spike with Flush Bag (used for nutritional feeding) with expiration dates of 01/31/24 and 05/31/24</p> <p>Interview on 07/30/24 at 2:31 PM, Licensed Practical Nurse (LPN) 4 stated that she was not sure who was responsible for removing expired medications and equipment from the medication room.</p> <p>2. Observation on 07/30/24 at 2:29 PM, on the Alpine unit was an unlocked treatment cart at the nurse station. The cart was unattended by nursing staff.</p> <p>On 07/30/24 at 2:40 PM, the treatment cart remained unlocked and was brought to the attention of LPN 4, who stated that she was the last one to use the treatment cart and thought she had locked it. LPN4 stated it was hazardous to leave the cart unlocked since it contained wound supplies which could be dangerous if ingested.</p> <p>3. On 07/30/24 at 3:31PM an inspection of the Dakota Bluffs unit medication storage room revealed the following:</p> <p>Seven of eight Magellan three milliliter(ml) syringes with hypodermic needles size 21 gauge by one and a half needle had an expiration date of 10/31/23.</p> <p>Five of 10 Magellan three ml syringes with hypodermic safety needle size 25 gauge by five eighth inch with an expiration date of 09/30/22.</p> <p>Three hundred and eighty-eight lavender top BD vacutainer blood collection tubes with expired date of 04/30/24.</p> <p>During an interview on 07/30/24 at 3:25 PM, LPN 3 confirmed the expired dates on the syringes and the vacutainer collection tubes. LPN3 stated that she was unsure as to who was responsible for checking the medication storage room.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>4. Observation on 07/30/24 at 3:45PM, the Alpine unit medication cart was left unlocked while nurse gave medication to a resident at the nurse station. Certified Medication Technician (CMT)'s back was turned away from the cart. She returned to the cart 2.35 minute later and locked the cart.</p> <p>An interview 07/30/24 at 3:50PM, CMT1 stated she did not realize that she left the cart unlocked.</p> <p>5. Observation on 07/31/24 at 8:50 AM, Registered Nurse (RN)2 left the medication cart unlocked on the Canyon Creek Hall.</p> <p>Interview on 07/31/24 at 9:05 AM, RN2 stated that she was unaware that she left the cart unlocked.</p> <p>6. Observation on 07/31/24 at 5:15 PM, the treatment cart was unlocked at the Dakota Bluff Hall nurses station. There were one cognitively impaired residents seated around the nurses station. There were no staff present at the station to supervise the residents. Review of Resident (R)24's significant change Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/12/24 revealed a Brief Interview for Mental Status (BIMS) revealed R24 was severely cognitively impaired and unable to complete the BIMS.</p> <p>Interview on 7/31/24 at 5:20PM, LPN 3 stated that it was an expectation that all medication and treatment carts were to be kept locked.</p> <p>Interview with the Director of Nursing (DON) on 07/31/24 at 11:30AM, the DON stated that the nurses are expected to always keep the medication and treatment carts locked when not in used. The DON stated that the facility did not have policy regarding the locking of the medication and treatment carts.</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46592</p> <p>Based on observation, interview, review job description, and facility policy review, the facility failed to ensure one of one dietary freezer, and three of three nourishment room (Alpine Park, Canyon Creek, and Dakota) refrigerators had all food labeled, dated and was free of dirt and sticky shelves. This failure has the potential to create the environment for food-borne illnesses to occur throughout the population of 80 residents.</p> <p>Findings include:</p> <p>Observation and interview on [DATE] at 9:34 AM, on the shelves in the dietary department walk-in freezer revealed an unsealed bag in a box of frozen fish, an unsealed bag of hashbrowns, and an unsealed bag of potato wedges. The Food Service Director (FSD) stated the bags should not be left opened and the bags should be labeled with the opened date after using them.</p> <p>Observation and interview with the FSD on [DATE] at 8:46 AM of the shelves of the refrigerator on the Alpine Park Unit revealed the following food items not labeled or dated:</p> <p>There was a three-compartment to-go container of meat and vegetables, a to-go container of broccoli cheddar soup, a glass container of oriental dumplings, and a plastic bowl of watermelon with no label and/or date. The FSD confirmed the above observations and confirmed the food in the refrigerators should be labeled and dated.</p> <p>Observation and interview with the FSD on [DATE] at 8:58 AM of the refrigerator on the Canyon Creek Unit revealed the following food items not labeled, dated, and/or expired:</p> <p>There was one-half of a tuna sandwich wrapped in parchment paper, a to-go container of spaghetti with red sauce, a to-go container of rice, a to-go container of cake, a plastic container of a thick white substance, a plastic container of salsa, a to-go container of meat and cheese, and a to-go container of watermelon with no label and/or date. There was a to-go container of fruit that expired on [DATE], a parfait that expired on [DATE], and a to-go container of soup that expired on [DATE]. The refrigerator was observed to have dirty/sticky shelves. The FSD confirmed the above observations and confirmed the food in the refrigerators should be labeled, dated and food with expiration dates should be thrown out.</p> <p>Observation and interview with the FSD on [DATE] at 9:10 AM of the refrigerator on the Dakota Unit revealed the following food items as not labeled, dated, and/or expired:</p> <p>3. There were two containers of potato salad, a plastic container of corn, and three-compartment to-go container of fruit all with no label and/or date. There was a container of Greek yogurt that expired on [DATE] and a to-go container of fruit that expired on [DATE]. The refrigerator was observed to have dirty/sticky shelves. The FSD confirmed the above observations and confirmed the food in the refrigerators should be labeled, dated and food with expiration dates should be thrown out.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of the facility's policy titled, Food Safety Requirement: Procurement, Use, and Storage of Foods and Beverages in the Kitchenettes revised ,d+[DATE], provided by the facility, revealed it is the purpose of the facility, To follow proper sanitation and food handling practices to prevent the outbreak of foodborne illness; To provide safe and sanitary storage, handling, and consumption of food and fluids brought to residents by family or other visitors .expiration date of 3 days later by nursing staff or other qualified Surrey Place employee. Food is to be removed after 2 days due to unknown conditions prior to being placed in the refrigerator or freezer. Bulk, brick-pack juices or other beverages will be dated with Date opened and Expiration Date, which is 7 days later.</p> <p>Review of the undated Food & Nutrition Serv-Surrey Manager [FSD] job description, provided by the facility, revealed it is the responsibility of the FSD to coordinate with other departments to plan, direct and control aspects of the Food & Nutrition Departments activities. The FSD oversees . storage .to ensure quality .to increase patient satisfaction.</p>

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.</p> <p>12679</p> <p>Based on record review, interview and policy review, the facility failed to conduct and document a comprehensive Facility-wide Assessment to determine what resources were necessary to care for its residents competently during day-to-day operations. The facility failed to ensure the Facility Assessment included infection control services, such as surveillance and antibiotic use, as well as the facility employing an Infection Preventionist (IP) who would be responsible for overseeing the infection control program. The lack of an adequate facility assessment had the potential for residents' needs to go unmet and/or result in a lack of services provided by the facility to competently care for all 80 residents who resided at the facility. at the time of the survey.</p> <p>Findings include:</p> <p>Review of the undated Facility-wide Self-Assessment, provided supplied by the facility indicated the assessment failed to address the following pertinent characteristics affecting day-to-day operations and potential emergency situations:</p> <ol style="list-style-type: none"> 1. Failed to include staffing requirements based on resident acuity levels. 2. Failed to include an evaluation of the training program, including the specialized training and competencies of the staff who worked in the facility, such as the IP and other clinical specialties/services routinely provided for the residents. (Refer to F726) 3. Failed to include infection control services, such as surveillance and antibiotic use, as well as the facility employing an Infection Preventionist (IP) who was responsible for overseeing the infection control program. (Refer to F882) 4. Failed to ensure the IP had sufficient time to assess, develop, implement, monitor, and manage the facility's Infection Prevention and Control Program (IPCP). (Refer to F882) <p>During an interview on 07/25/24 at 10:45 AM, the Administrator confirmed the Facility Assessment did not address staffing requirements based on resident acuity levels, the assessment did not address an evaluation of the facility's training program and provide infection control services overseen by the IP.</p> <p>During an interview on 08/01/24 at 2:23 PM, the Administrator was asked specifically why the infection control program was not included in the Facility Assessment and why there was no mention of the IP. The Administrator stated she has not seen other examples of a written Facility Assessment mention that they provide infection control surveillance and employ an IP to oversee the program.</p> <p>46592</p>		

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>12679</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on interview, document review, and policy review, the facility failed to ensure the Infection Preventionist (IP) attended the quarterly Quality Assurance and Performance Improvement (QAPI) meeting. This failure had the potential to affect all 80 residents who reside in the facility and an application of infection control prevention measures to be evaluated.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Quality Assurance and Performance Improvement (QAPI) dated 01/19 indicated, .These are the steps that Surrey Place is implementing to be compliant with the CMS QAPI regulations .QAPI will be held quarterly, and the following individuals or designee will be invited to attend. Executive Director.Medical Director.DON (Director of Nursing).ADON (Assistant Director of Nursing). Admission Director.Department Managers.MDS (Minimum Data Set) Coordinators.Clinical Educator.Medical Records Supervisor.Social Services.Registered Dietician.Applicable staff members.Areas of consideration for QAPI will be determined by State survey results, feedback from residents and staff, adverse events, and areas relating to clinical care, quality of life, resident choice, and care transitions. The facility's policy failed to identify the IP was to participate in the quarterly QAPI meetings.</p> <p>Review of documents titled Quality Assurance Performance Improvement Member Attendance for the following dates 01/10/24, 04/17/24, and 07/10/24 failed to indicate the IP participated in the quarterly QAPI meetings.</p> <p>Review of an undated facility job description titled Infection Prevention indicated the IP was to .to serve on, participate and attend.Quality Assurance and Performance Improvement (QAPI) Committee.</p> <p>During an interview on 07/30/24 at 1:05 PM, the Administrator confirmed the current IP had not attended any of the recent quarterly QAPI meetings.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 12679</p> <p>Based on observations, record review, review of policies, interviews, and review of Centers for Disease Control (CDC) guidelines and Centers for Medicare & Medicaid Services (CMS) guidance, the facility failed to follow acceptable standards of practice for infection prevention and control when providing wound care for Resident #35. The facility also failed to ensure one (Resident (R)144) of one resident with a diagnosis of Methicillin-Resistant Staphylococcus Aureus (MRSA) was placed in contact precautions. This had the potential for MRSA to spread to staff and to other residents. The facility failed to ensure R1 and R36 were placed in enhanced barrier precautions (EBP) for wounds and R294, R6, R35 for use of a catheter. This had the potential for the residents to develop multi-drug resist organisms. The facility failed to ensure dedicated equipment, such as a stethoscope and blood pressure cuff, was assigned to R37 who was in contact precautions for a diagnosis of Clostridium difficile (C-diff). This had the potential for staff and other residents to develop C-diff. The facility nurses failed to perform during wound treatment for one of one resident (R1) hand hygiene prior to donning gloves and failed to change gloves and perform hand hygiene after removing the old dressing and applying the new dressing. This failure had the potential of contaminating the clean dressing. The facility failed for one of one resident (R5) with a suction machine in their room, to clean the suction machine cannister that was observed with yellowish fluid. The facility failed to ensure a diagram of the current facility's water system was developed as part of their water management program and prevention of pathogens. Finally, the facility failed to ensure four ice machines out of four were properly cleaned on a routine basis. This had the potential for the facility to develop water pathogens.</p> <p>The census was 79.</p> <p>Findings include:</p> <p>Review of the facility's infection control policy, dated October 2023, showed:</p> <p>-Policy: It is the policy that this facility's Infection Prevention and Control Program (IPCP) is based upon information from the Facility Assessment and follows national standards and guidelines to prevent, recognize and control the onset and spread of infection whenever possible. The IPCP includes a system for preventing, identifying, reporting, investigating and controlling infections and communicable diseases for all residents, staff, volunteers, visitors and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to regulatory requirements and following accepted national standards;</p> <p>--Standard and transmission-based precautions to be followed to prevent the spread of infections, including:</p> <p>--Hand hygiene to be followed by staff with direct care, handling resident care equipment and the environment;</p> <p>--Resident Care Activity procedures including wound care;</p> <p>--Environmental cleaning and disinfection of resident care equipment, including shared equipment.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>1. Review of Resident #35's admission sheet, showed the resident was admitted to the facility on [DATE] with diagnoses that included severe malnutrition, failure to thrive, chronic obstructive pulmonary disorder (COPD, a condition caused by damage to the airways or other parts of the lung that blocks airflow and makes it hard to breathe) and a history of falls.</p> <p>Review of the resident's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 7/8/24, showed:</p> <ul style="list-style-type: none"> -Cognitively intact; -Required partial to moderate assistance with eating, personal hygiene and upper body dressing; -Dependent on staff for toileting, bathing, transfers, putting on/taking off shoes and lower body dressing; -Used a wheelchair. <p>Review of the resident's electronic Physician's Orders, showed:</p> <ul style="list-style-type: none"> -7/20/24, Cleanse resident's right leg wound with wound cleanser, apply triple antibiotic ointment (TAO) then apply 4 inches by 4 inches gauze, wrap in Kling wrap (rolled gauze dressing) and secure with tape. No tape to the skin. Observation of the resident's right lower leg dressing change on 7/24/24 at 5:30 P.M., showed: <ul style="list-style-type: none"> -Registered Nurse (RN) A rolled the Canyon Creek (hall resident resided on) treatment cart #2 to the resident's room and positioned it in front of the doorway; -RN A explained to resident what he/she was going to do; -RN A exited the room; -RN A entered the room with a pillow and bedding pad; -RN A folded the pillow and placed it under the resident's right lower leg, then folded the pad in half and placed it on top of the pillow. RN A then placed the resident's right leg on top of the pillow and pad; -RN A used hand sanitizer on his/her hands, donned gloves and began to gather supplies onto the top of treatment cart #2 without the use of a barrier or disinfecting the top of the cart; -RN A removed his/her scissors out of his/her pocket and placed the unsanitized scissors on top of the unsanitized cart; -RN A gathered the supplies off the top of the unsanitized cart and placed them on to the right side of the pad and the scissors onto the right side of the pad; <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>-RN A used the scissors, cut open the visibly soiled dressing to the resident's right leg and placed the used scissors back onto the right side of the pad;</p> <p>-RN A cleansed the wound with wound cleanser and 4 by 4 gauze, then removed the soiled dressing from beneath the resident's leg and disposed of the dressing and gauze in the trash on the treatment cart;</p> <p>-RN A doffed his/her gloves, used sanitizer on his/her hands and donned new gloves;</p> <p>-RN A opened the gauze 4 by 4 and placed on the left side of the pad, opened the cotton tipped applicator and placed it on the left side of the pad;</p> <p>-RN A opened the antibiotic ointment and applied some to the cotton swab and then applied it to the wound, added more ointment and applied to other areas of the wound three times, placed the open and used ointment package on the right side of the pad;</p> <p>-RN A placed the gauze 4 by 4 on the wound and then walked to the treatment cart in the open doorway;</p> <p>-RN A removed the rolled gauze from the cart and placed it, open, on the right side of the pad;</p> <p>-RN A wrapped the rolled gauze around the leg/wound, grabbed the dirty scissors off the pad and cut the clean rolled gauze with the dirty scissors;</p> <p>-RN A gathered the trash and supplies, threw away the supplies and placed the used bottle of wound cleanser in the cart and the used/dirty scissors on the cart top without a barrier;</p> <p>-RN A doffed his/her gloves, sanitized his/her hands and donned clean gloves;</p> <p>-RN A removed the tape from the drawer of the cart, used a marker and initialed and dated the tape, and removed two pieces of tape;</p> <p>-RN A taped the rolled gauze in two areas to make sure it was secure;</p> <p>-RN A removed the pad and pillow from under the resident's leg and placed them in the dirty bin in the hallway;</p> <p>-RN A placed the cart in the hallway and returned to the resident's room to assist the resident with covering up and adjusting his/her position in bed;</p> <p>-RN A exited the room, doffed his/her gloves, sanitized hands and pushed the treatment cart to the nurse's station;</p> <p>-RN A gathered two packages of cookies and took them to resident per resident request;</p> <p>-RN A walked back to the treatment cart and placed his/her dirty scissors and marker inside a glove, twisted it closed and walked away from the cart leaving the glove sitting on top.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During an interview on 7/24/24 at 5:53 P.M., RN A said:</p> <ul style="list-style-type: none"> -He/she usually used foam sanitizer instead of washing his/her hands; -Hands should be washed between glove changes and before exiting the resident's room after the treatment; -He/she did not wash his/her hands with soap and water at any point before, during and after wound care; -He/she got used to using the foam sanitizer so that is what he/she does; -If the resident had C-diff, he/she would always wash his/her hands with soap and water before exiting the room; -He/she usually washes his/her scissors and marker outside the resident's room and lets them air dry on top of the cart, then places them back into his/her pocket; -He/she placed the scissors and marker inside the glove to remind himself/herself that they still need to be cleaned before placing them back into his/her pocket; -Do not need a barrier for the top of the cart; -He/She will use a bed pad for a barrier, open the supplies and set them on the bed pad; -If the bed pad gets soiled, he/she would change the pad after cleansing the wound and before adding a clean dressing; -Sometimes, he/she will either place two pads under the wound and remove the top one after cleansing the wound or just keep folding the soiled pad as needed. <p>During an interview on 7/24/24 at 6:05 P.M., the Director of Nursing (DON) said:</p> <ul style="list-style-type: none"> -He/she expected staff to wash hands when entering a room to provide care, if the gloves get soiled, and after care is completed; -Hand sanitizer is ok to use instead of washing hands with soap and water as long as the hands are not visibly soiled; -He/she expected staff to use soap and water if the resident has C-diff; -Staff does not need to use a barrier if they have a clean surface; -As long as the supplies are in individual packaging, a barrier or cleaning the top of the cart is not required before placing the packaging on top of the cart; -He/she expected staff to sanitize scissors before and after use; <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>-Sanitizing the scissors after removing the dressing and before using them on clean supplies is not required if it is the same resident;</p> <p>-It is ok to use the same pad for clean and dirty items as long as the clean items and the dirty items are placed in separate areas of the pad;</p> <p>-It is not acceptable to place clean items with dirty items.</p> <p>2. Review of the Resident (R) 144's electronic medical records (EMR) revealed the resident was admitted to the facility on [DATE] with diagnoses that included septic arthritis and swollen right knee. Review of the R144's EMR document titled Resident Summary Sheet indicated while in the hospital, due to blood cultures and synovial fluid on 07/19/24 and nasal culture dated 07/21/24 tested positive for MRSA.</p> <p>Review of R144's Physician Orders dated 07/23/24 provided by the facility revealed the resident was to receive Vancomycin (antibiotic), 1,750 milligrams (mg) in 517.5 milliliters (ml) intravenous (IV, a soft, flexible tube placed inside a vein, usually in the hand or arm) every 12 hours for bone/joint infections.</p> <p>Observation on 07/29/24 at 10:30AM revealed R144 in his room in bed with a dressing covering the right knee area. There was no signage or Personal Protective Equipment (PPE) cart outside the resident's room.</p> <p>Observation on 07/30/24 at 3:30 PM revealed R144 in his room and no PPE setup outside the resident's room. The resident's right knee dressing was changed on 07/30/24.</p> <p>Observation on 07/31/24 at 8:10 AM revealed no PPE setup or signage posted outside R144's room. Interview with R144 during this observation revealed the nurses wore gloves when doing dressing changes. R144 was not sure if the nurses wore gloves when hanging his IV medication. The resident further stated the staff do not wear a gown or gloves when providing his care.</p> <p>Observation on 07/31/24 at 8:33AM revealed Certified Nurse Aide (CNA) 5 was observed exiting R144's room after taking his vital signs. The CNA was not wearing any PPE, nor did she disinfect the blood pressure apparatus.</p> <p>Interview on 07/31/24 at 8:40 AM, CNA 5 stated she received infection control training (isolation precautions) during orientation. CNA5 stated that if a resident is in isolation precautions there will be signage on the door identifying what personal protective equipment is required and there will be a cart outside the resident's room with the PPE. The CNA also stated staff should wear gowns, masks, and gloves and practice hand sanitation for residents in isolation. The CNA was unfamiliar with EBP.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Interview on 07/31/24 at 9:26 AM, RN 2 on the Canyon Creek Hall team 1-2 revealed only one resident was on isolation precautions. The resident was admitted to the facility yesterday and tested positive for COVID. RN2 stated the resident was in contact isolation which required staff to perform hand hygiene, don an N95 face mask, gown, and gloves. RN2 further stated there were no residents on EBP at this time. RN2 stated that the required PPE for residents on EBP would be face mask and face shield, if the employee desired face shield, and gloves. RN2 stated in her unit she had several residents with wounds and indwelling (drainage tube inserted into the urethra)/suprapubic (drainage tube inserted into the abdomen) catheters.</p> <p>Interview on 07/31/24 at 9:39 AM, RN1 on the Canyon Creek Hall Team 2-3 stated that she did not have any residents on any type of isolation precautions. RN1 stated the PPE for residents on contact isolation should be face mask, gowns, and gloves. The RN stated that she had never heard of EBP. RN1 acknowledged that R144 had a wound infection of the right knee but did not know what organism was growing from the wound. RN1 was asked if a resident had MRSA in a wound, would that require isolation precautions. RN1 responded that the resident should be placed on Contact Isolation.</p> <p>Interview on 07/31/24 at 10:11 AM, the Assistant Director of Nursing (ADON) stated that she was familiar with the residents on the Canyon Creek Hall and not sure if there were any residents with the diagnosis of MRSA on the Canyon Creek Hall. The ADON stated staff providing care to residents on contact isolation should wear gowns, mask, and face shield mask to prevent splash back of resident secretions, and gloves. The ADON stated she would have read the policy for EBP. She stated that she found out this morning prior to this interview that staff were not following the EBP guidance. The ADON stated that several residents had wounds that required dressing, indwelling urinary /Suprapubic catheters and intravenous therapy. These residents were not on any type of isolation precautions.</p> <p>Interview on 07/31/24 at 1:10PM, CNA 5 revealed there was only one resident on the unit that was on isolation precautions. CNA 5 stated the staff should wear face mask, gown, and gloves when providing care for the resident. CNA 5 was asked what PPE was used for residents on EBP. CNA 5 responded, What's that?</p> <p>Interview on 07/31/24 at 02:45PM with the Administrator and the DON revealed the DON was unaware that R144's was positive for MRSA. The DON had to review the resident's chart. The DON stated that Infectious Disease physician felt that since R144 was afebrile and asymptomatic it was not necessary to place the resident in isolation. The DON was asked to review the resident's microbiology report which indicated the resident tested positive with MRSA in blood, wound, and nasal cultures on 07/19/24 and 07/21/24. The DON stated the resident's blood culture done on the 07/23/24 was negative. However, the DON was unable to answer or explain why the resident did not have repeat culture of the resident's wound and the nares. The Administrator stated that since the resident's wound was covered it would not be necessary for the resident to be in isolation. The Administrator stated she had received CMS guidance regarding EBP and had reviewed this information with the staff earlier this year. The Administrator and the DON could not explain why R144 was not placed in some type of EBP. The DON was unable to provide documentation regarding the guidance the Infectious Disease physician indicated about not placing the resident in isolation. The Administrator was unable to provide documentation that staff had received EBP training.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Interview on 08/01/24 at 4:19PM, R144's physician stated that he usually takes directions from the Infection Disease physician at the hospital regarding placing residents in isolation. The Infectious Disease physician felt that since the resident was afebrile and exhibited no symptoms it was not necessary to place the resident in isolation. The Physician admitted that he was not familiar with the EBP. After reviewing CMS guidance on EBP, R144's physician agreed the resident should be placed on EBP.</p> <p>3. Review of a facility policy titled Isolation Guidelines Policy dated 10/23 failed to include enhanced barrier precautions under their procedures.</p> <p>a. Review of a facility document titled Resident Information indicated R1 was admitted to the facility on 12/01/15.</p> <p>Review of R1's significant change MDS with an Assessment Reference Date (ARD) of 06/13/24 with a Brief Interview of Mental Status (BIMS) score of four out of 15 which revealed the resident was severely cognitively impaired. The MDS indicated the resident was at risk for the development of pressure ulcers and had none.</p> <p>Review of a facility document titled Wound Care Center Physician Note dated 07/18/24 indicated R1 had a pressure ulcer on her left ankle. In addition, the resident had a pressure ulcer on her left buttock.</p> <p>During an interview on 07/30/24 at 6:04 PM, Licensed Practical Nurse (LPN) 2 confirmed R1 was not on EBP and that there was no PPE available for staff to use outside of R1's room.</p> <p>b. Review of a facility document titled Resident Information indicated R36 was admitted to the facility on 07/19/24.</p> <p>Review of R36's admission MDS with an ARD of 06/20/24 indicated the resident had a BIMS score of 13 out of 15 which revealed the resident was cognitively intact.</p> <p>Review of a facility document titled Wound Care Center Physician Note, dated 07/25/24 indicated R36 had stage four posterior pressure ulcers with bi-lateral ankles.</p> <p>During an interview on 07/30/24 at 6:04 PM, LPN2 confirmed that R36 was not on EBP and that there was no available PPE outside of R36's room for staff to use.</p> <p>c. Review of a facility document titled Resident Information indicated R294 was admitted to the facility on 07/19/24.</p> <p>Review of a facility document titled Active Order Profile dated 07/19/24 indicated the resident had an order for a suprapubic catheter.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of R294's admission MDS with an ARD of 07/25/24 indicated the resident had a BIMS score of 15 out of 15 which revealed the resident was cognitively intact. The MDS indicated the resident had an indwelling catheter.</p> <p>During an interview on 07/30/24 at 6:04 PM, LPN 2 confirmed R294 was not placed on EBP and there was no PPE available outside of R294's room for staff to use.</p> <p>d. Review of a facility document titled Resident Information indicated R6 was admitted to the facility on 07/17/24.</p> <p>Review of a facility document titled Active Order Profile dated 07/17/24 indicated R6 had an order for an indwelling urinary catheter.</p> <p>Review of R6's admission MDS with an ARD of 04/16/24 indicated the resident had a BIMS score of 14 out of 15 which revealed the resident was cognitively intact. The MDS indicated the resident had an indwelling urinary catheter.</p> <p>During an interview on 07/30/24 4:22 PM, RN2 stated R6 had an indwelling catheter and did not have any EBP in place. RN2 stated there was no PPE available for use with this resident. Observation at this time revealed there was no PPE on the outside of R6's room for staff to use.</p> <p>e. Review of a facility document titled Resident Information indicated R37 was admitted to the facility on 06/18/24.</p> <p>Review of a facility document titled Active Order Profile dated 07/07/24 indicated R37 required contact precautions due to a diagnosis of C-diff.</p> <p>Review of R37's admission MDS with an ARD of 06/24/24 indicated the resident had a BIMS score of 15 out of 15 which revealed the resident was cognitively intact.</p> <p>During an observation on 07/30/24 at 12:17 PM, LPN1 entered R37's room to retrieve a tissue in which the resident had spit out a vitamin that she could not swallow. LPN 1 wore gloves but no protective gown. On the outside of the resident's room was a sign titled Contact Plus and directed staff to don (put on) a gown and gloves prior to entering the resident's room.</p> <p>During an interview on 07/30/24 at 4:10 PM, CNA 1 stated prior to entering into the room with a resident who was under contact precautions was to don a gown and gloves.</p> <p>During an interview on 07/30/24 at 4:11 PM, CNA 2 stated there was no dedicated equipment, such as a stethoscope and blood pressure cuff in R37's room.</p> <p>During an interview on 07/30/24 at 4:15 PM, LPN 1 confirmed she did not don a gown prior to entering R37's room and that she knew the resident was in contact isolation. LPN 1 stated she did not know if R37 had dedicated equipment, such as a stethoscope and blood pressure cuff in her room.</p> <p>f. Review of a facility document titled Resident Information indicated R35 was admitted to</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>the facility on 07/02/24.</p> <p>Review of a facility document titled LTC (Long-Term Care) All Orders dated 07/31/24 indicated the resident was ordered to have an indwelling catheter placed.</p> <p>Review of R35's admission MDS with an ARD of 07/08/24 indicated the resident had a BIMS score of 14 out of 15. The MDS indicated the resident had an indwelling urinary catheter.</p> <p>During an observation on 07/29/24 at 11:39 AM, R35's room was observed with no PPE on the outside of her room.</p> <p>During an interview on 07/30/24 at 4:18 AM, RN1 stated that R35 had a catheter and was not on EBP. RN1 confirmed that there was no PPE outside of R35's room for staff's use. RN 1 stated contact precautions required the donning of PPE prior to entering a resident's room, and enhanced precautions included donning PPE prior to any care contact with a resident.</p> <p>During an interview on 07/30/24 4:22 PM, RN2 stated R6 had an indwelling urinary catheter and did not have any EBP in place. RN2 stated there was no PPE available for use with this resident. RN2 stated R36 had bi-lateral heel pressure ulcers and had no EBP in place and no PPE available for use. RN2 stated EBP included donning PPE prior to entering into a resident room.</p> <p>4. Observation of R1's wound care on 07/31/24 at 5:28 PM, revealed LPN5 performed hand hygiene before donning gloves. LPN 5 removed the dressing on R1's left ankle, then cleaned the ankle with wound cleanser. LPN5 then applied xeroform gauze to the open area and then covered the xeroform with a border dressing. LPN5 failed to perform hand hygiene and change gloves after removing the old dressing and applying the new dressing. LPN 5 then without changing her gloves moved R1's sacral wound dressing. LPN5 cleaned R1's sacral wound with the wound cleanser and applied a layer of calmoseptine ointment (moisture barrier) to the sacral area. LPN 5 never left the resident's bedside to change her gloves and perform hand hygiene.</p> <p>During an interview on 07/31/24 at 5:43PM, LPN 5 stated that she went in the bathroom and changed her gloves.</p> <p>Interview 08/01/24 at 11:30AM, the DON stated that nurse are expected to perform hand hygiene and change gloves when removing old dressings and applying new dressing for each wound.</p> <p>5. Observation on 07/29/24 at 12:10 PM and on 07/30/24 at 8:45 AM of R5's room revealed a suction machine in the corner of the room on the floor. The machine had the disposable canister still in the holder and attached by the hoses. The canister contained 290 ml of yellowish fluid.</p> <p>Interview on 07/31/24 at 12:20 PM, RN2 stated she had not known R5 to use the suction machine for some time, but the machine remained in his room for an emergency related to his condition. RN2 stated she had noticed the machine on the floor earlier but did not notice that the canister had fluids in it. RN2 stated the practice is to leave all respiratory machines on a table and not the floor, to empty the canister as needed and clean the machine after use and/or for storing.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Interview on 08/01/24 at 9:28 AM the DON stated R5 came with the suction machine but had not used it for a long time. The DON stated the machine should not have been placed on the floor for any reason, the machine should have had the canister cleaned or thrown away and the entire machine cleaned as well.</p> <p>6. Review of a facility undated policy titled, Water Management Policy and Procedures</p> <p>Indicated, . It is the intent of this facility to implement a water management program that will inhibit microbial growth in building water systems and to reduce the risk of growth and spread of Legionella and other opportunistic pathogens in water.</p> <p>Review of the CDC website titled Legionella. Prevention and Control, dated 03/25/21, indicated, The key to preventing Legionnaires' disease is to reduce the risk of Legionella growth and spread. Building owners and managers can do this by maintaining building water systems and implementing controls for Legionella.Key Elements.Seven key elements of a Legionella water management program are to. Establish a water management program team. Describe the building water systems using text and flow diagrams. Identify areas where Legionella could grow and spread. Decide where control measures should be applied and how to monitor them. Establish ways to intervene when control limits are not met. Make sure the program is running as designed (verification) and is effective (validation).</p> <p>During an interview conducted on 07/30/24 10:16 AM, the DON stated there were no Legionnaires in the facility.</p> <p>During an interview on 07/31/24 at 3:36 PM, the Maintenance Director (MD) verified there was no water diagram of the facility's water system.</p> <p>7. Observation and interview on 07/30/24 at 10:25 AM revealed the kitchen's ice machine to have an orange-colored substance and a dark gray substance on the outside portion of the see-through ice dispenser. The Food Service Director (FSD) stated there should not be any colored substances on the spout and that the ice machine was not clean.</p> <p>Observation and interview with the FSD on 07/31/24 at 8:46 AM of the ice/water machine on the Alpine Park Unit revealed the machine to have a white crusty material on the water dispensing area and the grate by the drain. The FSD confirmed the machine was not clean.</p> <p>Observation and interview with the FSD on 07/31/24 at 8:58 AM of the ice/water machine on the Canyon Creek Unit revealed the machine to have a white crusty material on the water dispensing area and the grate by the drain. The FSD confirmed the machine was not clean.</p> <p>Observation and interview with the FSD on 07/31/24 at 9:10 AM of the ice/water machine on the Dakota Unit revealed the machine to have a white crusty material on the water dispensing area and the grate by the drain. The FSD confirmed the machine was not clean.</p> <p>On 07/30/24 and 07/31/24 the FSD was asked for a policy on the maintaining and cleaning of the ice/water machine. A policy was not provided.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Interview on 07/31/24 at 4:27 PM, the MD stated that the facility has a company that comes every quarter to take the ice machines apart and thoroughly clean them. The MD stated housekeeping was responsible for cleaning the ice machines between quarterly cleanings. The MD stated there is no documentation that indicates the ice/water machines were cleaned by housekeeping.</p> <p>16752</p> <p>34926</p> <p>46592</p>		