

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265553	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2024
NAME OF PROVIDER OR SUPPLIER Stonebridge Marble Hill		STREET ADDRESS, CITY, STATE, ZIP CODE 702 Highway 34 West Marble Hill, MO 63764	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47447</p> <p>Based on interview and record review, the facility failed to follow the resident's care plan, dated 8/30/24, to ensure staff utilized safe transfer techniques for one resident (Resident #1) when staff failed to transfer the resident via a mechanical lift out of one sampled resident. The resident sustained a hematoma (a collection of blood that pools outside of a blood vessel in an organ, tissue, or body space) to the chest area. The facility census was 72.</p> <p>The Administration was notified on 12/11/24 of the Past Non-Compliance citation. On , 12/06/24 and 12/09/24, the facility staff took appropriate corrective actions as confirmed by survey staff during the onsite visit. The facility started an investigation, and assessed Resident #1. The facility started an in-service that covered the use of care plans, policy and procedure for transfers, and proper use of a gait belt and Hoyer lift. The deficiency was corrected on 12/09/24.</p> <p>Review of the facility's policy titled, Using the Care Plan, revised October 2018, showed:</p> <ul style="list-style-type: none"> - The care plan shall be used in developing the resident's daily care routines and will be available to staff personnel who have responsibility for providing care or services to the resident; - Care plans are used to develop daily care practices for staff. <p>Review of the facility's policy titled, Safe Lifting and Movement of Residents, revised July 2017, showed:</p> <ul style="list-style-type: none"> - In order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses appropriate techniques and devices to lift and move residents; - Resident safety, dignity, comfort, and medical condition will be incorporated into goals and decisions regarding the safe lifting and moving of residents; - Staff will document resident transferring and lifting needs in the care plan; - Mechanical lifting devices shall be used for heavy lifting, including lifting and moving residents when necessary; - Mechanical lifts shall be made readily available and accessible to staff 24 hours a day. <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: 265553	If continuation sheet Page 1 of 3

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<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 medical record showed:</p> <ul style="list-style-type: none"> - An admitted [DATE]; - Diagnoses of fracture of sixth cervical (neck) vertebra (bones in the spine), hemiplegia (paralysis of one side of the body), chronic obstructive pulmonary disease (COPD - a chronic inflammatory lung disease that causes obstructed airflow from the lungs), dysphagia (difficulty swallowing), and muscle weakness. <p>Review of the resident's significant change Minimum Data Set (MDS), a federally mandated assessment instrument required to be completed by the facility staff, dated 11/27/24, showed:</p> <ul style="list-style-type: none"> - Moderately cognitively impaired; - Total dependence of one staff for bed mobility, dressing, personal hygiene, and bathing; - Total dependence of two staff for transfers and toilet use; - Always incontinent of bowel and bladder. <p>Review of the resident's Care Plan, dated 08/30/24, showed:</p> <ul style="list-style-type: none"> - Resident required assist per staff with Activities of Daily Living (ADL) and mobility; - Resident used a wheelchair for locomotion; - Resident required mechanical lift transfers with assistance of two staff for the transfers. <p>Review of the resident's Progress Notes, dated 12/06/24 at 10:41 A.M., showed:</p> <ul style="list-style-type: none"> - Resident had a soft, swollen pocket to the right upper chest/breast area and the area below the breasts and upper rib cage appeared to be bruised; - Resident complained of pain to the area; - Resident sent to the emergency room via ambulance for evaluation. <p>Review of the resident's Computed Tomography (CT - a medical imaging procedure that uses rays and a computer to create detailed pictures of the inside of the body) scan of the chest, dated 12/06/24, showed:</p> <ul style="list-style-type: none"> - A probable hematoma within the anterior (the front) right chest wall measured 8.7 centimeters (cm) wide by 5.2 cm deep by 10.2 cm in height. <p>Review of the facility's investigation, dated 12/11/24, showed:</p> <ul style="list-style-type: none"> - Certified Nurse Assistant (CNA) B and CNA C did not transfer Resident #1 according to his/her care plan; <p>(continued on next page)</p>

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