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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265589 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/18/2024 |
| NAME OF PROVIDER OR SUPPLIER St Peters Rehab and Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 230 Spencer Road Saint Peters, MO 63376 | |

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) |
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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>45563</p> <p>See event ID 6GI312</p> <p>Based on observation, record review, and interview, the facility failed to provide a safe, clean and comfortable environment by failing to ensure resident rooms and living spaces were clean and in good repair. The facility census was 81.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>34003</p> <p>See event ID 6GI312</p> <p>Based on observation, interview, and record review, the facility failed to follow physician orders for three residents (Resident #305, #20 and #224) in a review of three sampled resident reviewed. Resident #305 did not receive his/her insulin (injection of hormone that regulates blood sugar) which resulted in the resident's blood sugar exceeding the parameters set by the physician as acceptable. The facility staff failed to identify the missed dose of insulin or document proper notification of the physician, or continued assessment of the resident with a blood sugar of 499. The facility also failed to provide medications as ordered by the physician and did not contact the physician for further direction when orders could not be followed. The facility census was 81.</p> | | |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>34003</p> <p>See event ID 6GI312</p> <p>This deficiency is uncorrected. For previous examples, see the Statement of Deficiencies dated 4/12/24.</p> <p>Based on observation, interview, and record review, the facility failed to ensure two residents (Resident #32 and Resident #310), of 25 sampled residents, who required assistance with activities of daily living (ADL) received the necessary care and services to maintain good grooming and personal hygiene. The facility census was 81.</p> |

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| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide enough food/fluids to maintain a resident's health.</p> <p>45563</p> <p>See event ID 6GI312</p> <p>This deficiency is uncorrected. For previous examples, see the Statement of Deficiencies dated 4/12/24.</p> <p>Based on observation, interview, and record review, the facility failed to ensure interventions to address weight loss, including physician ordered supplements were provided and registered dietician (RD) recommendations followed to prevent further weight loss for two residents (Resident #30 and #32), in a review of 25 sampled residents. The facility failed to ensure the residents received the necessary services and assistance to maintain their nutritional status and to prevent weight loss. The facility census was 81.</p> |

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| <p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>45563</p> <p>See event ID 6GI312</p> <p>This deficiency is uncorrected. For previous examples, see the Statement of Deficiencies dated 4/12/24.</p> <p>Based on observation, interview, and record review, the facility failed to provide adequate staffing and oversight to ensure residents that required staff assistance were showered, clean, hair maintained, shaving completed, nails trimmed and call lights answered for eight residents, in a review of 25 sampled residents. The facility failed to ensure sufficient staff to provide regular baths or showers and meet hygiene needs for two residents (Resident #32 and Resident #310) and did not respond to resident call lights in a timely manner for eight residents (Resident #304, #2, #310, #306, #4, #20, #307 and #313) , resulting in the resident's toileting needs not being met and episodes of incontinence or resident's being left soiled for extended times. The facility also failed to provide adequate staff to ensure the facility was clean and free of odors. The facility census was 81.</p> |

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| <p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>45563</p> <p>See event ID 6GI312</p> <p>This deficiency is uncorrected. For previous examples, see the Statement of Deficiency dated 4/12/24.</p> <p>Based on observation, interview and record review, the facility failed to ensure food served to residents was palatable and served at a safe and appetizing temperature. The facility census was 81.</p> | | |