

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 02/20/2026
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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide services necessary to address one resident's (Resident #1's) pressure ulcer treatment of six sampled residents. Resident #1 admitted to the facility on [DATE] with a Stage 4 pressure ulcer of the sacrum (full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some part of the wound bed. Often includes undermining and tunneling at the base of the spine) and diagnosis of osteomyelitis (a severe infection within the bone). The facility failed to follow physician orders for treatment of the sacral wound and failed to communicate the resident's condition including culture of the wound to consider for treatment. The facility failed to complete a weekly skin assessment per policy. The resident subsequently admitted to the hospital with the diagnoses of osteomyelitis and sepsis (life threatening response to infection). The facility census was 90. Review of the facility policy for Wound Management with a revision date of 10/24/22 showed: -A resident who has a wound will receive necessary treatment and services to promote healing, prevent infection and prevent new pressure ulcers (PU) from developing; -A Licensed Nurse will perform a skin assessment upon admission, readmission, weekly and as needed for each resident; -The attending physician will be notified to advise on appropriate treatment; -A Licensed Nurse will develop care plan for the resident based on recommendations from dietary, rehabilitation and the attending physician; -Per attending physician order, the nursing staff will initiate treatment; -The attending physician and Interdisciplinary Team (IDT) will be notified of new PU or wounds, PU or wounds that do not respond to treatment, PU or wounds that worsen or increase in size; complaints of increased pain, discomfort or decreased in mobility by a resident; signs of ulcer sepsis, presence on exudates, odor or necrosis (dead tissue), residents refusing treatments; -Wound documentation will occur at a minimum of weekly until the wound is healed; -IDT will document discussion and recommendations for: PU and wounds that do not respond to treatment; PU or wounds that worsen or increase in size; complaints of increased pain, discomfort or decrease in mobility by the resident; signs of ulcer sepsis (a life-threatening, emergency condition occurring when an untreated ulcer-typically a pressure sore (bed sore) or a bleeding stomach ulcer-becomes severely infected, causing the body's immune system to release chemicals that trigger widespread inflammation and organ damage), presence of exudates (drainage), odor or necrosis; -Licensed Nurses will document effectiveness of current treatment in the residents' medical record on a weekly basis; -Document notifications following a change in the resident's skin condition. Review of the facility policy for Physician Orders with a revision date of 10/24/22 showed the following: -Purpose: to ensure that all physician orders are complete and accurate; -Policy: the Medical Records Department will verify that all physician orders are complete, accurate and clarified as necessary; -Documentation pertaining to physician orders will be maintained in the resident's medical record. Review of the facility policy for Laboratory, Diagnostic and Radiology Services with a revision date of 10/24/22 showed laboratory, diagnostic and</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: 265589	If continuation sheet Page 1 of 5

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