

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265598	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/10/2024
NAME OF PROVIDER OR SUPPLIER  Brunswick Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  721 West Harrison St Brunswick, MO 65236	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>32530</p> <p>Based on interview and record review, the facility failed to provide the services of a Registered Nurse (RN) for at least eight consecutive hours a day, seven days a week and failed to ensure the facility had an RN designated as the Director of Nursing (DON) on a full time basis. The facility census was 22.</p> <p>1. During an interview on 09/10/24 at 11:15 A.M., the Administrator said the facility did not have a policy for RN coverage. The facility followed the regulatory guidance.</p> <p>Review of the facility's staffing schedule, dated July 2024, showed no RN and no DON coverage on 7/01/24 through 7/07/24, 7/25/24, 7/26/24, and 7/29/24 through 7/31/24.</p> <p>Review of the facility's staffing schedule, dated August 2024, showed the following:</p> <ul style="list-style-type: none"> <li>-No RN coverage on 8/1/24 through 8/3/24, 8/7/24 through 8/9/24, 8/15/24 through 8/17/24, 8/23/24, and 8/28/24 through 8/31/24;</li> <li>-No DON coverage on 8/1/24 through 8/31/24.</li> </ul> <p>Review of the Facility's Assessment last updated/reviewed in August 2024 showed the following:</p> <ul style="list-style-type: none"> <li>-The facility did not have an active DON;</li> <li>-The DON position had been vacant for two months;</li> <li>-Prior to the two months, the facility had two licensed practical nurses (LPN) who served as nurse managers to help with the nursing department, but quit after a few months;</li> <li>-Currently, the Assistant Director of Nursing (ADON) was the interim DON.</li> </ul> <p>During an interview on 08/26/24 at 2:00 P.M., the Assistant Director of Nursing (ADON) said the following:</p> <ul style="list-style-type: none"> <li>-The facility did not have a full time DON;</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
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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-She was an LPN acting as the DON until the facility hired a full time DON;</p> <p>-The facility did not have enough RNs to schedule per regulation, and there were days when no RN was scheduled.</p> <p>During an interview on 08/27/24 at 3:00 P.M., the Administrator said the following:</p> <p>-The facility did not currently have a full time DON;</p> <p>-He was unaware of how long the facility did not have a DON, but not for the three weeks he was the administrator;</p> <p>-The facility utilized a staffing agency for RN coverage;</p> <p>-He requested either RNs or LPNs from the staffing agencies, and took what the agencies sent as the facility needed to have a licensed nurse whether it was a RN or an LPN.</p> <p>MO241461</p>		