

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 11/06/2024
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 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36185</p> <p>Based on interview and record review, the facility failed to ensure Cardiopulmonary Resuscitation (CPR, an emergency lifesaving procedure performed when the heart stops beating, consisting of chest compressions and artificial respirations) certified staff were scheduled 24 hours a day seven days a week, failed to develop and implement a policy addressing CPR requirements for staff and failed to maintain documentation of CPR certifications for staff members. The facility had seven residents with full code status (residents requested to have full resuscitation efforts/CPR in the event of cardiac arrest). The facility census was 17.</p> <p>Review of the facility's CPR policy, dated February 2023, showed the following:</p> <p>-It is the policy of this facility to adhere to resident's rights to formulate advance directives. In accordance to these rights, this facility will implement guidelines regarding CPR;</p> <p>-CPR certified staff will be available within the facility at all times.</p> <p>1. Review of the facility's code status report, dated [DATE], showed seven residents were designated as full code status.</p> <p>The facility provided a list of facility employees and agency staff employees' CPR certification cards that had worked since [DATE]. The staffing sheets were compared with the employees that had valid CPR certifications.</p> <p>Review of the facility's staffing sheets dated [DATE], compared to the list of CPR certified staff provided by the facility, showed the following shifts without a staff member who was CPR certified:</p> <p>-On [DATE], evening shift;</p> <p>-On [DATE], evening shift;</p> <p>-On [DATE], evening shift;</p> <p>-On [DATE], evening shift;</p> <p>-On [DATE], evening shift.</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
---	-------	-----------

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 11/06/2024
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 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility's staffing sheets dated [DATE], compared to the list of CPR certified staff provided by the facility, showed the following shifts without a staff member CPR certified:</p> <ul style="list-style-type: none"> -On [DATE], day shift; -On [DATE], day shift; -On [DATE], evening shift. <p>During an interview on [DATE] at 10:25 AM the Assistant Director of Nursing (ADON) said the following:</p> <ul style="list-style-type: none"> -She made out the schedule for each shift; -In the past she tried to schedule CPR certified staff each shift. She didn't know which staff members had a current CPR certification or an expired certification. New staff members did not have current certification; -A CPR certified staff member should be scheduled on each shift. <p>During an interview on [DATE] at 9:20 A.M. and [DATE] at 4:05 P.M. the Administrator said the following:</p> <ul style="list-style-type: none"> -She would expect each staff member to have an up to date CPR certification; -She would expect each shift to have at least one CPR certified staff member working per the regulation; -She was unaware many of the CPR certifications were expired or that the facility didn't have a copy of each staff members' current CPR certification; -She would have to compile a list of staff members to determine who was CPR certified. The list she had was incomplete or did not include all working staff at the facility. <p>MO244247</p>		

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 11/06/2024
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>36185</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 17.</p> <p>Review of the facility's policy titled Staffing, Sufficient and Competent Nursing, dated August 2022, showed the following:</p> <p>-Our Facility provides sufficient numbers of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services with resident care plans and the facility assessment;</p> <p>-A registered nurse provides at least eight consecutive hours every 24 hours, seven days a week.</p> <p>Review of the Facility's Assessment, last updated/reviewed in April 2024, showed the facility did not have an active DON.</p> <p>Review of the facility's staffing schedule, dated November 2024, showed no RN and no DON coverage on 11/1/24, 11/2/24, 11/3/24, 11/4/24, 11/5/24 and 11/6/24.</p> <p>During an interview on 11/6/24 at 10:25 A.M. the facility's Licensed Practical Nurse (LPN)/Assistant Director of Nursing (ADON) said the following:</p> <p>-The facility did not have a full time DON. The facility did have an interim DON, but he/she quit on 10/31/24;</p> <p>-The facility did not have any RN coverage as required.</p> <p>During an interview on 11/5/24 at 9:20 A.M. and 11/6/24 at 4:05 P.M. the Administrator said the following:</p> <p>-The facility did not currently have a full time DON;</p> <p>-The interim DON quit on 10/31/24;</p> <p>-The facility did not have any RN coverage since the interim DON's last day at the facility on 10/31/24;</p> <p>-She would expect the facility to have a full time DON and RN coverage as required.</p>		