

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265625	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/06/2024
NAME OF PROVIDER OR SUPPLIER  St Andrew's at New Florence		STREET ADDRESS, CITY, STATE, ZIP CODE  515 Picnic Street New Florence, MO 63363	

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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>48982</p> <p>Based on record review and interview, facility staff failed to maintain an accurate accounting system for resident fund bank statement matched the reconciliation for March 2024 to July 2024, and failed to provide quarterly bank statements to the residents. The facility held funds for 25 residents. The facility census was 54.</p> <p>1. Review of the facility's policy titled Resident Trust Fund, undated, showed:</p> <ul style="list-style-type: none"> <li>-Upon written request of the resident or responsible party, the facility must hold, safeguard, manage, and account for the resident's personal funds through the Resident Trust Fund;</li> <li>-Transactions are to be entered daily or as they occur so that the balance for each resident can be accessed at anytime during the day;</li> <li>-Resident statements will be sent out quarterly.</li> </ul> <p>2. Review of the facility's bank statements, dated March 2024 through July 2024, showed the statements did not contain monthly reconciliation.</p> <p>3. Review of the facility's bank statements, dated 09/06/24, showed the facility bank statements showed they did not contain first quarter bank statements.</p> <p>4. During an interview on 09/05/24 at 4:53 P.M., the administrator said the facility's accounting records have not been getting reconciled monthly and residents have not been getting their quarterly bank statements since the former BOM retired in February 2024. The administrator said no quarterly statements have been sent out in 2024. The administrator said the Corporate Accounts Receivable (AR) is responsible to reconcile the accounts, and the Corporate BOM is responsible to complete and email the quarterly statements to him/her for distribution. The administrator said he/she has not gotten quarterly statements to distribute this year but did contact corporate to ask for them.</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
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<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 09/06/24 at 12:00 P.M., the Corporate AR said the Corporate BOM is responsible to send the quarterly statements to the Administrator for distribution. The Corporate AR said he/she is not sure if the statements had been sent or not for this year. The Corporate AR said accounts should be reconciled monthly but he/she said due to the transition it did not happen as it should have said the ball got dropped. The Corporate AR said he/she reconciled the accounts this week and sent them to the Administrator as he/she completed them.</p> <p>During an interview on 09/06/24 at 12:45 P.M., the Corporate BOM said he/she is responsible to complete the quarterly bank statements and email the statements to the administrator to distribute to the resident or their responsible party. The Corporate BOM said he/she took this role about a month ago and he/she sent the second quarter statements to the Administrator today. The Corporate BOM said he/she is not sure if the first quarter statements were sent or not because he/she had not been responsible for them at that time. The Corporate BOM said it took him/her extra time to send the second quarterly statements because he/she had to sort the information out. The Corporate BOM said the statements sent today were late and should have been sent in July.</p>		

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<p>F 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48982</b></p> <p>Based on record review and interview, facility staff failed to provide refunds of personal funds to residents from the facility operating account within 30 days for six residents (Resident #212, #209, #211, #207, #208, and #210) who were discharged from the facility. The facility census was 54.</p> <p>1. Review of the facility's policy titled Resident Trust Fund, undated, showed upon written request of the resident (or responsible party), the facility must hold, safeguard, manage, and account for the resident's personal funds.</p> <p>2. Review of the facility's-maintained Account Receivable Aging report, dated 09/05/24, showed resident's with personal funds held in the facility operating account:</p> <ul style="list-style-type: none"> <li>-Resident #212 had a balance of \$5671.11 with a discharge date of [DATE].</li> <li>-Resident #209 had a balance of \$78.80 with a discharge date of [DATE];</li> <li>-Resident #211 had a balance of \$3126.00 with a discharge date of [DATE];</li> <li>-Resident #207 had a balance of \$6922.04 with a discharge date of [DATE];</li> <li>-Resident #208 had a balance of \$630.00 with a discharge date of [DATE];</li> <li>-Resident #210 had a balance of \$5604.00 with a discharge date of [DATE];</li> </ul> <p>During an interview on 09/04/24 at 2:10 P.M., the administrator said the former Business Office Manager (BOM) retired in February of this year and the facility has not had a BOM since. The administrator said corporate is responsible to complete bank reconciliations and any Aging Reports.</p> <p>During an interview on 09/05/24 at 2:38 P.M., the administrator said he/she did not know the facility still held funds for the discharged residents. The administrator said he/she did not know why residents who were no longer at the facility had an outstanding balance because the corporate team took on this responsibility after the previous BOM retired. The administrator said corporate is responsible to file the proper paperwork and ensure the discharged resident's money is returned.</p> <p>During an interview on 09/06/24 at 12:00 P.M., the Corporate Accounts Receivable (AR) said he/she is responsible for reviewing the AR report. The Corporate AR said the AR report should be reviewed monthly for outstanding balances and credits. He/She said this had not been done due to the transition from the previous BOM to the corporate team. The corporate AR said any outstanding balances and credits should be investigated, and after it is investigated the money should be refunded within 30 days. The corporate AR said he/she is currently working on refunding the outstanding balances and said the ball got dropped.</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>48982</p> <p>Based on interview and record review, facility staff failed to complete pre-employment screenings Criminal Background Check (CBC), Employee Disqualification List (EDL) verification, Family Care Safety Registry (FCSR), and Certified Nursing Aide (CNA) Registry for six employees (Housekeeper N, Dietary Aide (DA) K, Licensed Practical Nurse (LPN) D, CNA J, DA L, and CNA I) of 10 employees sampled. The facility census was 54.</p> <p>1. Review of the facility's policy titled Recruitment and Hiring, revised March 2024, showed:</p> <ul style="list-style-type: none"> <li>-The facility will follow all state and federal laws regarding hiring practices;</li> <li>-The Human Resources (HR) department will process all pre-hire screenings within one or two business days of receiving documentation from the hiring manager;</li> <li>-CBC;</li> <li>-EDL verification;</li> <li>-FCSR verification;</li> <li>-Verify all license and certification;</li> </ul> <p>-Review showed the policy did not contain direction for staff in regard to checking the CNA registry.</p> <p>2. Review of Housekeeper N's personnel file showed:</p> <ul style="list-style-type: none"> <li>-Date of hire 04/26/23;</li> <li>-Did not contain documentation of a CNA registry verification.</li> </ul> <p>Review of the housekeeper's timecard showed his/her first day worked as 05/01/23.</p> <p>3. Review of DA K's personnel file showed:</p> <ul style="list-style-type: none"> <li>-Date of hire 07/10/23;</li> <li>-Did not contain documentation of a CNA registry verification.</li> </ul> <p>Review of the DA's timecard showed his/her first day worked as 07/13/23.</p> <p>4. Review of LPN D's personnel file showed:</p> <ul style="list-style-type: none"> <li>-Date of hire 07/08/24;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Did not contain documentation of a FCSR, EDL or CNA registry verification.</p> <p>Review of the LPN's timecard showed his/her first day worked as 07/08/24.</p> <p>5. Review of CNA J's personnel file showed:</p> <p>-Date of hire 08/07/24;</p> <p>-Did not contain documentation of a CNA registry verification.</p> <p>Review of the CNA's timecard showed his/her first day worked as 08/07/24.</p> <p>6. Review of DA L's personnel file showed:</p> <p>-Date of hire 08/07/24;</p> <p>-Did not contain documentation of a CNA registry verification.</p> <p>Review of the DA's timecard showed his/her first day worked as 08/09/24.</p> <p>7. Review of CNA I's personnel file showed:</p> <p>-Date of hire 08/14/24;</p> <p>-Did not contain documentation of a FCSR, EDL or CNA registry verification,</p> <p>Review of the CNA's timecard showed his/her first day worked as 08/14/24.</p> <p>8. During an interview on 09/04/24 at 10:12 A.M., the administrator said the former Business Office Manager (BOM) had been responsible to complete the pre-employment screenings for new hires. The administrator said the former facility BOM retired in February, and the facility has not had a BOM since. The administrator said after the facility BOM retired the corporate HR is responsible to complete the pre-employment screenings.</p> <p>During an interview on 09/06/24 at 12:18 P.M., the Administrator said he/she did not know the screenings had not been completed and did not know why they had not been completed. The Administrator said the corporate HR person is new and had only been with the company for one month.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48982</b></p> <p>Based on observation, interview, and record review, facility staff failed to develop and implement a comprehensive person-centered care plan for four residents (Resident #5, #31, #44, and #48) out of 15 sampled residents. The facility census was 54.</p> <p>1. Review of the facility's policy titled Comprehensive Care Plans Policy and Procedure, revised [DATE], showed:</p> <p>-The comprehensive care plan contents include areas identified through the Minimum Data Set (MDS) (a federally mandated assessment tool) process, the resident's medical condition, and other risk or problem areas identified through assessment;</p> <p>-Care plan is to be updated quarterly and as needed to reflect the resident's current needs, goals, and interventions.</p> <p>2. Review of Resident #5's Significant Change MDS, dated [DATE], showed staff assessed the resident as:</p> <p>-Cognition impairment;</p> <p>-Received hospice services.</p> <p>Review of the resident's Physician Order Sheet (POS), dated [DATE], showed an order for hospice services with a start date of [DATE].</p> <p>Review of the resident's care plan, revised [DATE], showed the care plan did not contain direction for hospice services.</p> <p>Observation on [DATE] at 12:40 P.M., showed hospice staff visited the resident.</p> <p>3. Review of Resident #31's Quarterly MDS, dated [DATE], showed staff assessed the resident as cognitively intact.</p> <p>Review of the resident's POS, dated [DATE], showed an order for staff not to perform Cardiopulmonary Resuscitation (CPR) with a start date of [DATE].</p> <p>Review of the resident's care plan, revised [DATE], showed staff documented the resident as both a full code (to perform CPR) and to not perform CPR.</p> <p>4. Review of Resident #44's Significant Change MDS, dated [DATE], showed staff assessed the resident as:</p> <p>-Severe cognitive impairment;</p> <p>(continued on next page)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Had pressure ulcers.</p> <p>Review of the resident's POS, dated [DATE], showed an order for moon boots (pressure relief boot) to be on at all times except while bathing.</p> <p>Review of the resident's care plan, revised [DATE], showed the care plan did not contain direction for moon boots.</p> <p>Observation on [DATE] at 8:00 A.M., showed the resident in bed and did not have moon boots on his/her feet.</p> <p>Observation on [DATE] at 6:00 A.M., showed the resident in bed and did not have moon boots on his/her feet.</p> <p>Observation on [DATE] at 8:50 A.M., showed the resident in bed and Licensed Practical Nurse (LPN) A performed a skin treatment to both of the resident's heels and did not put the resident's moon boots on him/her.</p> <p>During an interview on [DATE] at 1:13 P.M., LPN A said he/she knows the resident has orders for moon boots but he/she forgot to put the boots on the resident.</p> <p>Observation on [DATE] at 9:10 A.M., showed the resident in bed and did not have moon boots on his/her feet.</p> <p>5. Review of Resident #48's Admission MDS, dated [DATE], showed staff assessed the resident as:</p> <p>-Severe cognitive impairment;</p> <p>-Had behaviors;</p> <p>-Received hospice services.</p> <p>Review of the resident's POS, dated [DATE], showed orders on:</p> <p>-[DATE] for Hospice Services;</p> <p>-[DATE] for Wander guard, check placement each shift.</p> <p>Review of the resident's elopement assessment, dated [DATE], showed staff assessed the resident as an elopement risk.</p> <p>Review of the resident's nurse's notes, dated [DATE], showed LPN C documented the resident's family member expressed concerns about the resident wandering because the resident had previously eloped from a different facility. LPN C documented he/she contacted the resident's physician and obtained orders for a wander guard.</p> <p>Review of the resident's weights showed showed staff documented:</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-[DATE]: 130.0 pounds (lbs);</p> <p>-[DATE]: 126.4 lbs;</p> <p>-[DATE]: 120.6 lbs;</p> <p>-[DATE]: 118.2 lbs.</p> <p>Review of the resident's care plan, revised [DATE], showed it did not contain direction for staff in regard to the resident's cognitive status, elopement risk, wandering, wander guard placement, weight loss, or hospice services.</p> <p>Observation on [DATE] at 5:00 P.M., showed the resident wandered the dining room in his/her wheelchair.</p> <p>Observation on [DATE] at 6:45 A.M., showed the resident ambulated in the hall and wandered into another resident's room.</p> <p>Observation on [DATE] at 7:25 A.M., showed the resident ambulated with staff to the assisted table in the dining room. Observation showed the resident stood up and wandered away. CNA F assisted the resident back to the table and sat him/her down. Observation showed CNA F walked away and the resident stood up and wandered away from the table through the dining room. Observation showed CNA F assisted the resident back to the table and sat him/her down. Observation showed CNA G assisted the resident to drink his/her juice.</p> <p>Observation on [DATE] at 9:35 A.M., showed the resident hollered out incoherently.</p> <p>During an interview on [DATE] at 6:40 A.M., LPN B said the resident wanders in his/her wheelchair or ambulates through the facility. LPN B said the resident has attempted to go out the door and wears a wander guard.</p> <p>During an interview on [DATE] at 9:10 A.M., the administrator said the resident receives hospice care.</p> <p>6. During an interview on [DATE] at 8:45 A.M., the MDS Coordinator said he/she is responsible to update all care plans and he/she started at the facility about a week ago, is still in orientation. The MDS Coordinator had not reviewed all the resident's care plans. The MDS Coordinator said care plans should be updated quarterly and as needed with any changes. The MDS Coordinator said he/she receives changes in resident conditions each morning at the facility meeting. The MDS Coordinator said the DON talks to the charge nurse prior to the meeting and brings any concerns or changes to the meeting. The MDS Coordinator said he/she updates the care plans as needed after each meeting. The MDS Coordinator said a care plan's purpose is to drive the resident's care needs and direct staff on how to care for a resident. He/She said care plans should be individualized and match the resident's POS. The MDS Coordinator said a care plan should contain things such as moon boots, code status, wandering, elopement risk, hospice services, cognitive level, the amount of assistance a resident requires, behaviors, special equipment used, skin interventions, and weight loss.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE] at 11:18 A.M., LPN B said he/she has access to the resident care plans. LPN B said the purpose of a care plan is to show staff how to care for a resident and any special devices they need. LPN B said a care plan should be individualized and match the POS. LPN B said he/she would expect a care plan to have weight loss interventions, skin interventions, any special devices a resident uses, code status, cognitive level, wandering, elopement risk, behaviors, and the amount of care a resident requires.</p> <p>During an interview on [DATE] at 11:24 A.M., CNA I said he/she has access to the care plans. The care plan is what shows staff how to care for a resident.</p> <p>During an interview on [DATE] at 12:30 P.M., the DON said the MDS Coordinator is responsible to update the care plans. The DON said the prior MDS Coordinator walked out two weeks ago, and had not answered her phone since. The DON said the care plan should be individualized and match the POS. The DON said the purpose of a care plan is to let staff know how to take care of a resident, to show a resident's preferred choices, and interest. The DON said he/she would expect the care plan to have things such as how much assistance a resident needs, how the resident transfers, code status, weight loss, moon boots, elopement risk, wandering, any behaviors, cognitive level, and any special equipment such as a wander guard. The DON said he/she talks to the charge nurse each morning then takes any changes or issues to the morning meeting to be discussed. The DON said the MDS Coordinator attends the meeting and will update the care plan if needed after it. The DON said the care plan should be updated quarterly and as needed with any changes. The DON said each quarter the care plan team meets with the resident and/or family and go over the care plan to ensure it is updated correctly.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>33477</p> <p>Based on observation, interview and record review, facility staff failed to follow applicable laws and regulations when the staff failed to screen four staff (Licensed Practical Nurse (LPN) D, Certified Nurse Assistant (CNA) J, Dietary Aide (DA) L, and DA M) of 10 staff sampled for Tuberculosis ((TB) a bacterial infection that affects the lungs). The facility staff failed to ensure dietary staff performed hand hygiene as often as necessary using approve techniques to prevent cross-contamination. The facility census was 54.</p> <p>1. Review of the facility's policy titled TB Testing and Screening-Employee, revised December 2010 showed:</p> <p>-All employees and volunteers of eight or more hours per month will receive a Mantoux two-step test, a skin test that can help determine if someone has TB;</p> <p>-Employees and volunteers will received the first step TB test prior to resident contact.</p> <p>2. Review of LPN D's personnel file showed:</p> <p>-First step TB placed 07/05/24 and read 07/08/24;</p> <p>-The file did not contain a second step TB test.</p> <p>Review of LPN D's time card showed his/her first day worked as 07/08/24.</p> <p>3. Review of CNA J's personnel file showed:</p> <p>-First step TB placed 08/07/24 and read 08/09/24;</p> <p>-The file did not contain a second step TB test.</p> <p>Review of CNA J's time card showed his/her first day worked as 08/07/24.</p> <p>4. Review of DA L's personnel file showed:</p> <p>-First step TB placed 08/07/24 and read 08/09/24;</p> <p>-The file did not contain a second step TB test.</p> <p>Review of DA L's time card showed his/her first day worked as 08/09/24.</p> <p>5. Review of DA M's personnel file showed:</p> <p>-First step TB placed on 05/24/24 and read on 05/27/24;</p> <p>-Second step TB placed on 06/07/24 and read on 06/10/24.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of DA M's time card showed his/her first day worked as 05/20/24.</p> <p>During an interview on 09/04/24 at 10:12 A.M., the administrator said the former Minimum Data Set (MDS) nurse had been responsible to complete and monitor employee TB tests. The administrator said he/she hired a new MDS nurse this week who will be responsible for completing TB tests after he/she finishes orientation. The administrator said he/she has not asked the new MDS nurse to start the TB testing yet as he/she is new. The administrator said he/she did not know new hire TB tests were not completed timely and he/she did not know why as the staff member responsible for completing them quit two weeks ago and will not respond to phone calls.</p> <p>During an interview on 09/06/24 at 11:03 A.M., the MDS nurse said he/she started at the facility this week and had not been instructed to complete the employee TB screenings.</p> <p>6. Review of the facility's Glove and Hand Washing Procedures policy, dated 2011, showed:</p> <ul style="list-style-type: none"> <li>-All employees will use proper hand washing procedures and glove usage in accordance with state and federal sanitation guidelines;</li> <li>-All employees will wash hands upon entering the kitchen from any other location, after all breaks, and between all tasks. Hand washing should occur at a minimum of every hour;</li> <li>-Employees will wash hands before and after handling foods, after touching any part of the uniform, face, or hair, and before and after working with an individual residents;</li> <li>-Hands are washed before donning gloves and after removing gloves;</li> <li>-Gloves are changed any time hand washing would be required. This includes when leaving the kitchen for a break, or go to another location in the building; after handling potentially hazardous raw food; or if the gloves become contaminated by touching the face, hair, uniform, or other non-food contact surfaces, such as door handles and equipment;</li> <li>-Staff should be reminded that gloves become contaminated just as hands do, and should be changed often. When in doubt, remove gloves and wash hands again;</li> <li>-When gloves must be changes, they are removed, hand washing procedure is followed, and a new pair of gloves is applied. Gloves are never placed on dirty hands; the procedures is always wash, glove, remove, rewash, and re-glove;</li> <li>-The proper procedure for washing hands is as follows: <ul style="list-style-type: none"> <li>a. Turn on the water as hot as comfortable;</li> <li>b. Wet hands and apply soap;</li> <li>c. Scrub hands with soap 15 to 20 seconds or more;</li> <li>d. Rinse hands thoroughly;</li> </ul> </li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265625	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/06/2024
NAME OF PROVIDER OR SUPPLIER  St Andrew's at New Florence		STREET ADDRESS, CITY, STATE, ZIP CODE  515 Picnic Street New Florence, MO 63363	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>e. Dry hands with a paper towel or air dryer;</p> <p>f. Turn off the faucet with a paper towel.</p> <p>Observation on 09/05/24 at 9:44 A.M., showed [NAME] P entered the kitchen and washed his/her hands as the handwashing sink. Observation showed the cook scrubbed his/her hands with soap for two seconds when he/she washed his/her hands and then turned the faucet off with his/her bare hands. Observation showed the cook then continued to prepare zucchini for service to residents at the lunch meal.</p> <p>Observation on 09/05/24 at 9:58 A.M., showed DA Q entered the kitchen and washed his/her hands at handwashing sink. Observation showed the DA scrubbed his/her hands with soap under running water when he/she washed his/her hands.</p> <p>Observation on 09/05/24 at 10:05 A.M., showed, when DA R washed his/her hands at the handwashing sink, the DA used paper towels to turn off the faucet and then used the same paper towels to dry his/her hands.</p> <p>Observation on 09/05/24 at 10:11 A.M., showed DA R entered the kitchen from taking out trash and washed his/her hands at the handwashing sink in mechanical dishwashing station. Observation showed, after the DA washed his/her hands, he/she dried his/her hands with paper towels, used the same paper towels to turn off the faucet and then reused the same paper towels to continue to dry his/her hands.</p> <p>During an interview on 09/05/24 at 10:12 A.M., DA R said a paper towel is used to turn off the faucet so you do not get your hands dirty again. The DA said he/she did not think about that when he/she used the same paper towel he/she used to turn off the faucet to dry his/her hands that he/shed would make his/her hands dirty again.</p> <p>Observation on 09/05/24 at 10:30 A.M., showed when DA S washed his/her hands at the handwashing sink, the DA scrubbed his/her hands with soap for three seconds. Observation showed the DA also turned the faucet off with a paper towel and then used same paper towel to dry his/her hands.</p> <p>During an interview on 09/05/24 at 10:31 A.M., DA S said a paper towel is used to turn off the faucet so you do not make your hands dirty again. The DA said different paper towels should be used to turn off the faucet and dry hands, but he/she just did not think about it when he/she used the same paper towels. The DA also said, when staff wash their hands, they should scrub their hands with soap for three minutes and he/she did not know why he/she did not do so.</p> <p>Observation on 09/05/24 at 10:34 A.M., showed DA Q washed his/her hands at the handwashing sink, the DA spread soap on his/her hands and then scrubbed his/her hands with soap under running water.</p> <p>During an interview on 09/05/24 at 10:36 A.M., DA Q said staff should scrub their hands with soap for 15 seconds out of the water when they wash their hands and he/she did not realize that he/she did not do so.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  St Andrew's at New Florence		STREET ADDRESS, CITY, STATE, ZIP CODE  515 Picnic Street New Florence, MO 63363	
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observation on 09/05/24 at 10:45 A.M., showed [NAME] P used the manual can opener to open a can of pasta sauce with gloved hands and poured the sauce into a pan. Observation showed the cook removed his/her soiled gloves and then, without performing hand hygiene, donned new gloves and put away sanitized dishes from the mechanical dishwashing station. Observation showed the cook then loaded soiled dishes with gloved hands, removed his/her soiled gloves and washed his/her hands at the handwashing sink in the mechanical dishwashing station. Observation showed, when the cook washed his/her hands, the cook spread soap on his/her hands and then scrubbed his/her hands under running water. Observation showed the cook donned new gloves and then continued to prepare food items for service to residents at the lunch meal. Observation showed the cook put pot holders on over his/her gloves, removed the pot holders and then continued to prepare food items with the same gloved hands. Observation showed the cook then removed his/her soiled gloves and, without performing hand hygiene, put away sanitized dishes from the clean side of the mechanical dishwashing station.</p> <p>During an interview on 09/05/24 at 10:55 A.M., [NAME] P said staff should wash their hands when they get dirty. The cook said staff should scrub their hands with soap for 15 seconds when they wash their hands, turn the faucet off with a paper towel and use a different paper towel to dry their hands. The cook said he/she did not know why he/she used the same paper towels to that he/she used to turn off the faucet to dry his/her hands other than he/she was in a hurry. The cook said he/she did not know that he/she needed to scrub his/her hands with soap out of the water when he/she washed his/her hands or that hand hygiene should be done between glove changes.</p> <p>During an interview on 09/05/23 at 2:18 P.M., the Certified Dietary Manager (CDM) said staff should perform hand hygiene when they enter the kitchen, before they prepare food, between glove changes, between tasks and after they touch anything dirty. The CDM said staff should scrub their hands with soap for 15 seconds, out of the water, and turn the faucet off with a paper towel when they wash their hands. The administrator said staff should not dry their hands with the same paper towel used to turn off the faucet because it would recontaminate their hands. The CDM said all staff are trained on proper hand hygiene procedures upon hire and as needed.</p> <p>During an interview on 09/06/24 at 1:25 P.M., the administrator staff should perform hand hygiene when the enter the kitchen, after they touch anything dirty, after glove use and between tasks. The administrator said staff should scrub their hands with soap for 20 to 40 seconds, out of the water, and turn the faucet off with a paper towel when they wash their hands. The administrator said staff should not dry their hands with the same paper towel used to turn off the faucet and all staff are trained on proper hand hygiene procedures upon hire.</p> <p>48982</p>		