

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265676	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER St Elizabeth Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 649 South Walnut Saint Elizabeth, MO 65075	
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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>35558</p> <p>Based on interview and record review, facility staff failed to ensure residents received their mail on Saturdays. The facility census was 52.</p> <p>Review of the facility's policy titled, Resident Rights, revised July 2023, showed residents have the right to privacy in written communications including the right to send and promptly receive mail that is unopened.</p> <p>During the resident group meeting on 02/05/25 at 10:07 A.M., the residents said staff does not deliver their mail on Saturdays.</p> <p>During an interview on 02/06/25 at 1:54 P.M., Licensed Practical Nurse (LPN) E said the activities department is in charge of and distributes the mail. The LPN said he/she did not know who delivered the mail on Saturdays.</p> <p>During an interview on 02/06/25 2:59 P.M., the activity director said the administrator gets the mail and hands it out. The activity director typically just takes care of packages. The activity director said the residents do not get mail on the weekends because a department head has to be present to make sure the mail is not contraband.</p> <p>During an interview on 02/06/25 03:52 P.M., the administrator said mail is not delivered to the residents on the weekends. The Administrator said he/she never thought about it but the registered nurse (RN) on duty could pass the mail out to the residents. The administrator said he/she prefers the department head to go through the packages with the residents due to contraband.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35558</p> <p>Based on observation, interview, and record review, facility staff failed to review and revise the plan of care with changes in the resident's needs for seven residents (Resident #4, #31, #34, #40, #42, #48 and #55) out of seven sampled residents. The facility census was 52.</p> <p>1. Review of the facility's policy titled Care Plan Policy, revised 5/18/24 showed it is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights that includes measurable objectives and time frames to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment. The comprehensive care plan will describe, at a minimum, the following: the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.</p> <p>Review of the facility's policy titled Coordination of Hospice Services, revised 05/18/24, showed the facility and hospice provider will coordinate a Plan of Care and will implement interventions in accordance with the resident's needs, goals, and recognized standards of practice in consultation with the resident's attending physician/practitioner and resident's representative, to the extent possible. The Plan of Care will identify the care and services each entity will provide in order to meet the needs of the resident and his/her expressed desire for hospice care. The Plan of Care will include directives for managing pain and other uncomfortable symptoms and will be revised and updated as necessary.</p> <p>Review of the facility's policy titled Proper Use of Bedrails, revised 06/26/24 showed the facility will continue to provide necessary treatment and care to the resident who has bed rails in accordance with professional standards of practice and the resident's choices. This should be evidenced in the resident's records, including their care plan.</p> <p>2. Review of the Resident #4's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 11/26/24, showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Cognitively intact; -Required setup or cleanup assistance for showers; -Required setup or cleanup assistance for personal hygiene. <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's medical record showed staff documented the resident has diagnoses of drug induced subacute dyskinesia (involuntary, erratic, writhing movements of the face, arms, legs or trunk); extrapyramidal and movement disorder, unspecified (EMDU) (a medical term used to describe a group of disorders characterized by involuntary, abnormal movements that are not caused by damage to the pyramidal tract of the brain); orthostatic hypotension (a form of low blood pressure that happens when standing up from sitting or lying down which can cause dizziness or loss of consciousness); and Post-Traumatic Stress Disorder (PTSD), (a disorder that makes a person feel in danger even though the danger is past, especially when there are triggers). Review showed staff documented the resident fell on [DATE].</p> <p>Review of the resident's Care Plan, revised 08/12/24, showed the care plan did not address the residents specific PTSD triggers, the type of assistance the resident required for showers, personal hygiene, his/her unsteadiness and dizziness or his/her fall 02/02/25.</p> <p>Observation on 02/03/25 at 11:53 A.M., showed the resident unsteady as he/she stood up from his/her bed.</p> <p>Observation on 02/04/25 at 10:50 A.M., showed the resident stood by his/her dresser and had involuntary movements of his/her lower extremities, tremors, and unsteadiness.</p> <p>During an interview on 02/04/25 at 10:50 A.M., the resident said he/she experienced dizziness while standing.</p> <p>Observation on 02/06/25 at 10:30 A.M., showed the resident unsteady as he/she walked in his/her room.</p> <p>3. Review of Resident # 31's Quarterly MDS, dated [DATE] showed staff assessed the resident as cognitively intact and did not use bed rails.</p> <p>Review of the care plan, revised 01/31/25, showed the care plan did not address the use of bed rails.</p> <p>Observation 02/03/25 10:45 A.M., showed a bed rail up on the right side of the resident's bed.</p> <p>Observation 02/04/25 10:59 A.M., showed a bed rail up on the right side of the resident's bed.</p> <p>During an interview on 02/03/25 at 10:45 A.M., the resident said he/she uses the rail when he/she needs to get out of bed because he/she is large and his/her legs are very swollen.</p> <p>4. Review of Resident # 34's Five Day MDS, dated [DATE] showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Cognitively impaired; -Ostomy (a prosthetic device that collects waste from a surgically created opening in the abdomen). -Did not receive hospice care. <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the care plan, last revised on 12/27/24 showed the care plan did not address hospice care or ostomy care.</p> <p>Review of the medical record showed staff documented hospice care had been initiated for the resident on 01/30/25.</p> <p>Review of the Physician Order Summary (POS), dated 02/02/25 showed an order for hospice care.</p> <p>5. Review of Resident #40's Quarterly MDS, dated [DATE], shows staff assessed the resident as cognitively intact and did not have dental issues.</p> <p>Review of the resident's care plan, revised 09/23/24, showed the care plan did not address the resident's dental issues.</p> <p>During an interview on 02/03/25 at 11:00 A.M., the resident said he/she has had dental issues since August.</p> <p>During an interview on 02/05/25 at 5:05 P.M., the Social Services Director (SSD) said the resident has seen a dentist several times and had a tooth extracted in January. The SSD did not know the resident's dental issues were not on the care plan and said it should be.</p> <p>6. Review of Resident #42's Quarterly MDS, dated [DATE], showed staff assessed the resident as severe cognitive impairment and did not receive hospice care.</p> <p>Review of the resident's medical record showed staff documented the resident discharged to an acute care hospital on 01/20/25 and returned to the facility on [DATE] on hospice care.</p> <p>Review of the resident's care plan, revised 12/01/24, showed the care plan did not address the resident's hospice care.</p> <p>7. Review of Resident #48's Significant Change MDS, dated [DATE], showed staff assessed the resident as cognitively intact and did not receive hospice care.</p> <p>Review of the resident's Care Plan, revised 08/07/24, showed the care plan did not address the resident's hospice care.</p> <p>8. Review of Resident #55's Quarterly MDS, dated [DATE], showed staff assessed the resident as moderate cognitive impairment and did not receive hospice care.</p> <p>Review of the resident's medical record showed staff documented the resident discharged to an acute care hospital on 12/14/24 and returned to the facility on [DATE] on hospice care.</p> <p>Review of the resident's care plan, dated 08/01/24, showed the care plan did not address the resident's hospice care.</p> <p>9. During an interview on 02/06/25 at 1:24 P.M., Certified Nurse Aide (CNA) B said when he/she is unfamiliar with a resident he/she will ask what type of care the resident requires. The CNA said he/she did not know about care plans, or how to find the care information.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 02/06/25 at 1:54 P.M., the MDS Coordinator said care plans should be updated with all information, including the type and amount of assistance needed, and if the resident receives hospice care. LPN E said care plans should be used to properly care for the resident. The MDS Coordinator said he/she is new to the position and still getting caught up.</p> <p>During an interview on 02/06/25 at 3:24 P.M., the Director of Nursing (DON) said the MDS Coordinator is responsible to ensure care plans are completed. The DON said all topics related to the resident's care should be covered including the type of assistance needed for ADL's such as showers and personal hygiene, as well as if the resident receives hospice care. The DON said care plans should guide the care a resident receives. The DON said he/she did not know the care plans were not up to date. He/She said he/started in the position in July and is still getting up to speed.</p> <p>During an interview on 02/06/25 at 3:52 P.M., the administrator said the MDS Coordinator is responsible for updating care plans. The staff has quarterly care plan meetings where goals and the residents' issues are covered. The administrator said he/she would expect the care plan to reflect all care issues including ADL's, dental issues, and hospice care. The administrator said he/she did not know care plans were not being updated.</p> <p>42484</p> <p>50432</p>		

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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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42484</p> <p>Based on observation, interview and record review, facility staff failed to maintain professional standards of care when staff failed to transcribe accurate and complete physician's orders for five residents (Resident #10, #20, #34, #42 & #55) out of five sampled residents. The facility census was 52.</p> <p>1. Review of the facility's policy titled Medications Order, dated 05/18/24, showed:</p> <ul style="list-style-type: none"> -The order should be recorded in the physician orders in the electronic health records, which will add the order to the Medication Administration Record (MAR); -Clarify the order; -If using electronic medication records, input the medication order according to the electronic health record (EHR) instructions and facility policy; -Call or fax the medication order to the provider pharmacy if EHR states to; -Ensure the order is in the electronic MAR (eMAR); -When an order changes the dosage of a previously prescribed medication, discontinue the order as per the electronic software instructions and retype the new order; -Ensure the new order is in the eMAR. <p>2. Review of Resident #10's Physician Order Summary (POS), dated 02/25, showed a physician order for Divalproex Sodium Direct Release ((DR) seizures) 500 milligrams (mg). Take one tablet every morning. Review showed Divalproex DR 250 mg, take 3 tablets (750 mg) twice a day, and one tablet in the afternoon discontinued on 08/04/24.</p> <p>Review of the resident's eMAR, dated 02/04/25, showed staff did not discontinue the Divalproex DR 250 mg, take 3 tablets (750 mg) twice a day, and one tablet in the afternoon as ordered on 08/04/24.</p> <p>Review of the resident's medication card showed the medication pack label instructed staff to administer Divalproex DR 250 mg 3 tablets (750 mg) by mouth twice a day and take one tablet daily in the afternoon. Observation showed additional instruction to administer Divalproex DR 500 mg every morning.</p> <p>During an interview on 02/04/25 at 8:52 A.M. CMT D said the nurse told him/her to administer and select the 500 mg instructions in the eMAR. The CMT said he/she crossed out the discontinued instructions on the medication labels in stock from the pharmacy that included both orders.</p> <p>(continued on next page)</p>		

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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>During an interview on 02/04/25 2:00 P.M. Licensed Practical Nurse (LPN) A said the pharmacy did not discontinue the order on their end and continues to send packets with both orders on the label. LPN A said he/she did not know why the discrepancy had not been resolved earlier. The LPN said staff should not strike through anything on the medication label.</p> <p>During an interview on 02/06/25 10:32 A.M. the Director of Nursing (DON) said the eMAR shows the Divalproex DR 750 mg as an active order. The DON said he/she thinks the pharmacy removes the orders from the eMAR.</p> <p>During an interview on 02/06/25 1:45 P.M., the DON said it is ultimately his/her responsibility to ensure the eMAR is correct. It is important so residents receive the correct medication.</p> <p>During an interview on 02/06/25 02:00 P.M., the administrator said it is not acceptable for a resident to have a discontinued order on the eMAR since August 2024. The administrator said it should have been addressed in a timely manner. The DON is responsible for ensuring the accuracy of the eMARS.</p> <p>3. Review of the facility's policy titled Medication Orders, revised 05/18/24, showed an element of a medication order is route of administration.</p> <p>Review of the manufacturer's instructions for Nystatin 100,000 units/milliliter (ml) Oral Suspension (Ready-Mixed), dated 07/23, showed always take this medicine exactly as prescribed. Check with physician or pharmacist if unsure.</p> <p>4. Review of Resident #20's POS, dated February, 2025, showed an order for Nystatin oral suspension 100, 000 unit/ml 5 mls four times a day for thrush (a fungal infection). The order did not contain the route of administration.</p> <p>During an interview on 02/04/25 at 9:22 A.M., CMT D stated he/she did not know if the medication should be swallowed or spit out by the resident.</p> <p>During an interview on 02/04/25 at 9:50 A.M., LPN A said the order does not state whether the resident should swallow or spit the medication. LPN A said spit and swallow are different modes of administration. The nurse taking the order is responsible for the accuracy of the orders and contacting the physician for clarification.</p> <p>During an interview on 02/06/25 3:25 P.M. the DON said it is the responsibility of the nurse taking the order to ensure instructions are complete. Missing or incomplete orders should be clarified with the physician so medications are taken correctly. The DON said it is ultimately his/her responsibility orders are correct.</p> <p>During an interview on 02/06/25 at 3:49 P.M., the administrator said it is the DON's responsibility to ensure orders are complete and accurate. He/she said staff should contact they physician or DON if something is missing or unclear.</p> <p>(continued on next page)</p>		

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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>5. Review of the facility's policy titled Coordination of Hospice Services, revised 05/24, showed when a resident chooses to receive hospice care and services, the facility will coordinate and provide care in cooperation with hospice staff in order to promote the resident's highest practicable physical, mental, and psychosocial well-being. The policy did not contain direction for staff to obtain a physician's order for hospice care.</p> <p>Review of the facility's policy titled Oxygen Administration, revised 05/18/24, instructed staff to administer oxygen under orders of a physician.</p> <p>6. Review of Resident #34's Prospective Payment System (PPS) Five Day Scheduled Minimum Data Set (MDS), a federally mandated assessment tool, dated 01/10/25, showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -Continuous oxygen use; -Did not receive hospice services. <p>Review of the resident's medical record showed staff documented hospice services initiated on 01/30/25.</p> <p>Review of the POS, dated 02/25, showed an order oxygen without the rate of oxygen to be administered. Review showed the POS did not contain the hospice order.</p> <p>Observation on 02/03/25 at 11:15 A.M., showed the resident wore oxygen at three liters per minute.</p> <p>During an interview on 02/03/25 at 11:15 A.M., the resident said he/she receives one liter of oxygen during the day and three liters at night.</p> <p>Observation on 02/04/25 at 11:03 A.M., showed the resident wore oxygen at three liters per minute.</p> <p>Observation on 02/05/25 at 12:23 P.M., showed the resident wore oxygen at three liters per minute.</p> <p>During an interview on 02/06/25 at 2:49 P.M., LPN A said he/she did not know the resident's oxygen order did not have a flow rate.</p> <p>7. Review of Resident #42's Quarterly MDS, dated [DATE], showed staff assessed the resident as severely impaired cognition and did not receive hospice services.</p> <p>Review of the resident's medical record showed staff documented the resident discharged to an acute care hospital on 01/20/25 and returned to the facility on [DATE] with hospice services.</p> <p>Review of the resident's POS, dated February 2025, showed it did not contain an order for hospice services.</p> <p>8. Review of Resident #55's Quarterly MDS, dated [DATE], showed staff assessed the resident as</p> <ul style="list-style-type: none"> -Moderate cognitive impairment; <p>(continued on next page)</p>		

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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>-Independent for all mobility;</p> <p>-Diagnoses of pneumonia, stroke, and depression;</p> <p>Review of the resident's medical record showed staff documented the resident discharged to an acute care hospital on 12/14/24 and returned to the facility on [DATE] with hospice services.</p> <p>Review of the resident's POS, dated 12/24, showed it did not contain an order for hospice services.</p> <p>9. During an interview on 02/06/25 at 1:54 P.M., Licensed Practical Nurse (LPN) E said residents who receive hospice services should have a physicians order on their POS. LPN E said he/she did not know how the orders were missed.</p> <p>During an interview on 02/06/25 at 3:24 P.M., the Director of Nursing (DON) said the nurses are responsible for transcribing orders from the hospital paperwork. If clarification is needed, or an order has been omitted, the charge nurse is responsible to get clarification from the physician.</p> <p>50432</p>

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35558</p> <p>Based on observation, interview, and record review, facility staff failed to obtain consent for the use of bed rails for two residents (Resident #31 and #48) of two sampled residents. The facility census was 52.</p> <p>1. Review of the facility's policy titled Proper Use of Bed Rails, dated February 2025, showed informed consent from the resident or resident representative must be obtained after appropriate alternatives have been attempted prior to installation and use of bed rails. This information should be presented in an understandable manner, and consent given voluntarily, free from coercion. The information that the facility should provide to the resident, or resident representative includes, but is not limited to: the resident's risk from the use of bed rails and likelihood of the benefits, and the risks from the use of bed rails an how these risk will be mitigated.</p> <p>2. Review of Resident #31's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 10/31/24, showed staff assessed the resident as:</p> <ul style="list-style-type: none"> -Cognitively intact; -Independent with Activities of Daily Living (ADL's); -Diagnoses of traumatic brain injury (TBI), anxiety, depression, psychotic disorder, and schizophrenia; -Bed rails not used. <p>Review of the resident's care plan, revised 02/03/25, showed staff documented the resident at risk for falls due to multiple medication use. Review showed the care plan did not include bed rail use.</p> <p>Review of the resident's medical record did not contain an informed consent for bed rail use.</p> <p>Observation on 02/03/25 10:45 A.M. showed the resident in bed with his/her right quarter bed rail up.</p> <p>Observation on 02/04/25 10:59 A.M. showed the resident in bed with his/her right quarter bed rail up.</p> <p>During an interview on 02/04/25 at 10:59 A.M., the resident said he/she asked for the bed rail to help him/her move in bed and get up. The resident said he/she does not remember if staff talked to him/her about the risk and benefits of bed rail use.</p> <p>3. Review of Resident #48's Significant Change MDS, dated [DATE], showed staff assessed the resident as:</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Cognitively intact;</p> <p>-Independent with ADL's;</p> <p>-Diagnoses of heart failure, hypertension, stroke, depression, and respiratory failure;</p> <p>-Bed rails not used.</p> <p>Review of the resident's care plan, revised 02/04/25, showed staff documented the resident has problems positioning self in bed, has grab/positional bars in place on bilateral sides of bed to help turn from side to side.</p> <p>Review of the resident's medical record did not contain an informed consent for bed rail use.</p> <p>Observation on 02/03/25 at 10:10 A.M., showed the resident in bed with the grab bars up on both sides.</p> <p>Observation on 02/06/25 09:55 A.M., showed the resident used his/her grab bars to reposition.</p> <p>During an interview on 02/06/25 at 10:15 A.M., the resident said he/she requested the bed rails to help him/her reposition and get out of the bed.</p> <p>4. During an interview on 02/06/25 at 3:15 P.M., the Director of Nursing (DON) said the residents asked for the bed rails to assist with mobility. The residents or the residents representatives should sign a consent for bed rail use. He/She does not know why this had not been completed.</p> <p>During an interview on 02/06/25 at 3:49 P.M., the Administrator said bed rail consents should be signed before the bed rails are installed. He/She did not know the residents did not have a consent in the their medical records.</p> <p>50432</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265676	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER St Elizabeth Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 649 South Walnut Saint Elizabeth, MO 65075	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50432</p> <p>Based on observation, interview, and record review, facility staff failed to follow infection control practices when staff did not properly sanitize the blood glucose monitor for four residents (Resident #53, #7, #6 and #20) out of four sampled residents. The facility census was 52.</p> <p>1. Review of the facility's policy titled Glucometer Disinfection, dated February 2025 showed the facility will ensure glucometers will be cleaned and disinfected after each use and according to manufacturer's instructions for multi-resident use. The glucometers will be disinfected with a wipe pre-saturated with an Environmental Protection Agency (EPA), an independent agency of the United States government tasked with environmental protection matters, registered healthcare disinfectant that is effective against Human Immunodeficiency Virus (HIV), Hepatitis C and Hepatitis B virus.</p> <p>-Procedural steps include:</p> <p>-retrieve two disinfectant wipes from container;</p> <p>-Using first wipe, clean first to remove heavy soil, blood and/or other contaminants left on the surface of the glucometer;</p> <p>-After cleaning, use the second wipe to disinfect the glucometer with the disinfectant wipe following the manufacturer's instructions. Allow the glucometer to air dry;</p> <p>Review of the MicroKill One Medline Germicide Alcohol wipes manufacturer instructions, showed to use one or more wipes as necessary to wet surface sufficiently and to thoroughly disinfect hard nonporous surface. Clean the surface: use one or more wipes as necessary to thoroughly wet the surface to be treated. Treated surface must remain visibly wet for one minute to achieve complete disinfection of all pathogens listed on this label.</p> <p>Observation on 02/04/25 at 11:39 A.M. showed Certified Medication Technician (CMT) D checked Resident #53's blood glucose, and loosely wrapped the glucometer with a disinfectant wipe. The wipe did not cover the collection strip insertion site for the required one minute.</p> <p>Observation on 02/04/25 at 11:50 A.M. showed CMT D checked Resident #7's blood glucose, and loosely wrapped the glucometer with a disinfectant wipe. The wipe did not cover the collection strip insertion site for the required one minute.</p> <p>Observation on 02/04/25 at 12:06 P.M. showed CMT D checked Resident #6's blood glucose, and loosely wrapped the glucometer with a disinfectant wipe. The wipe did not cover the collection strip insertion site for the required one minute.</p> <p>Observation on 02/04/25 at 12:15 P.M., showed CMT D checked Resident #20's blood glucose, and placed the glucometer in the medication cart drawer. The CMT did not disinfect the glucometer.</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER St Elizabeth Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 649 South Walnut Saint Elizabeth, MO 65075	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 02/04/25 at 12:17 P.M., CMT D said the most contaminated portion of the glucometer is where the test strip is inserted. The CMT said the way he/she cleansed the glucometer would not be sufficient because it did not cleanse the strip insertion site. The CMT said he/she received training in regard to cleansing the glucometer. CMT D said he/she did not realize he/she had not cleansed the glucometer after checking Resident #20's blood glucose. The CMT said the glucometer is used for multiple residents.</p> <p>During an interview on 02/06/25 at 3:15 P.M., the Director of Nursing (DON) said he/she expects staff to thoroughly cleanse the glucometer between each resident to prevent cross contamination. He/She said all staff who pass medications have received training on disinfecting glucometers.</p> <p>During an interview on 02/06/25 at 3:49 P.M., the administrator said he/she expects staff to follow the facility's glucometer disinfection policy. It is the DON's responsibility to ensure staff are trained and performing thorough disinfection to prevent harm to the residents.</p>		

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NAME OF PROVIDER OR SUPPLIER St Elizabeth Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 649 South Walnut Saint Elizabeth, MO 65075	

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50432</p> <p>Based on interview and record review, facility staff failed to educate and offer the Coronavirus disease (COVID-19) vaccination for five residents (#14, #31, #34, 40 and #51) out of five sampled residents. The facility census was 52.</p> <p>1. The Center's for Disease Control COVID-19 Vaccination Long Term Care guidelines, dated August 2024, recommends everyone ages 5-[AGE] years, including people who live and work in long-term care (LTC) settings, get one dose of a 2024-2025 COVID-19 vaccine; and everyone ages [AGE] years and older, including people who live and work in LTC settings, get two doses of a 2024-2025 COVID-19 vaccine 6 months apart.</p> <p>2. Review of Resident #14's medical record showed:</p> <ul style="list-style-type: none"> -The resident is under age 65; -admitted on [DATE]; -The record did not contain a COVID-19 vaccination consent or declination form; -The record did not contain documentation the resident received or refused the COVID-19 vaccine. <p>3. Review of Resident #31's medical record showed:</p> <ul style="list-style-type: none"> -The resident is under age 65; -admitted on [DATE]; -The record did not contain a COVID-19 vaccination consent or declination form; -The record did not contain documentation the resident received or refused the COVID-19 vaccine. <p>4. Review of Resident #34's medical record showed:</p> <ul style="list-style-type: none"> -The resident is under age 65; -admitted on [DATE]; -The record did not contain a COVID-19 vaccination sent or declination form; -The record did not contain documentation the resident received or refused the COVID-19 vaccine. <p>5. Review of Resident #40's medical record showed:</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER St Elizabeth Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 649 South Walnut Saint Elizabeth, MO 65075	

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The resident is over age 65;</p> <p>-admitted on [DATE];</p> <p>-The record did not contain a COVID-19 vaccination consent or declination form;</p> <p>-The record did not contain documentation the resident received or refused the COVID-19 vaccine.</p> <p>6. Review of Resident #51's medical record showed:</p> <p>-The resident is under age 65;</p> <p>-admitted on [DATE];</p> <p>-The record did not contain a COVID-19 vaccination consent or declination form;</p> <p>-The record did not contain documentation the resident received or refused the COVID-19 vaccine.</p> <p>7. During an interview, on 02/03/25 at 2:10 P.M., the Infection Preventionist said he/she started in the position in July of 2024 after his/her predecessor quit abruptly. The Infection Preventionist said he/she did not believe the COVID-19 education or vaccine had been provided to the residents because the facility is remote, and they do not have local access to the vaccine. The Infection Preventionist said he/she could not locate a policy in regard to COVID-19 vaccinations for residents.</p> <p>During an interview on 02/06/25 03:49 P.M., the administrator said the facility does not provide education in regard to the COVID-19 vaccine to the residents and does not provide the vaccine. The administrator said he/she started in the position in July of 2024, and there is not a policy.</p>