STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265680	A. Building B. Wing	05/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oak Knoll Skilled Nursing & Rehabilitation Center	37 North Clark Avenue Ferguson, MO 63135

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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36151 37681 Based on interview and record review, the facility failed to ensure complete, accurate and individualized care plans to address the specific needs of residents for five of 18 sampled residents (Resident #2, #36, #34,#26 and #13). The census was 66. Review of the facility Care Plan Policy, dated 2001, revised [DATE], showed: -An individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident; -Our facility's Care Planning/Interdisciplinary Team, in coordination with the resident, his/her family or representative (sponsor), develops and maintains a comprehensive care plan for each resident that identifies the highest level of functioning the resident may be expected to attain; -The comprehensive care plan is based on a thorough assessment that includes, but is not limited to, the Minimum Data Set (MDS, a federally mandated assessment instrument completed by facility staff); -Each resident's comprehensive care plan is designed to: -Incorporate identified problem areas; -Incorporate risk factors associated with identified problems; -Build on the resident's strengths; -Reflect the resident's expressed wishes regarding care and treatment goals; -Reflect treatment goals, timetables and objectives in measurable outcomes; -Identify the professional services that are responsible for each element of care; (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Aid in preventing or reducing declines in the resident's functional status and/or functional levels; -Enhance the optimal functioning of the resident by focusing on a rehabilitative program, and reflect currently recognized standards of practice for problem areas and conditions; -Areas of concern that are triggered during the resident assessment are evaluated using specific assessment tools (including Care Area Assessments) before interventions are added to the care plan; -Care plan interventions are designed after careful consideration of the relationship between the resident's problem areas and their causes. When possible, interventions address the underlying source(s) of the problem area(s), rather than addressing only symptoms or triggers. It is recognized that care planning individual symptoms or Care Area Triggers in isolation may have little, if any, benefit for the resident; -Identifying problem areas and their causes, and developing interventions that are targeted and meaningful to the resident are interdisciplinary processes that require careful data gathering, proper sequencing of events and complex clinical decision making. No single discipline can manage the task in isolation. The resident's physician (or primary healthcare provider) is integral to this process; -Reflect currently recognized standards of practice for problem areas and conditions; -Reflect areas of concern that are triggered during the resident assessment are evaluated using specific assessment tools (including Care Area Assessments) before interventions are added to the care plan; -Assessments of residents are ongoing and care plans are revised as information about the resident and the resident's condition change; -The Care Planning/Interdisciplinary Team is responsible for the review and updating of care plans: -When there has been a significant change in the resident's condition; -When the desired outcome is not met; -When the resident has been readmitted to the facility from a hospital stay; and at least quarterly; -The resident has the right to refuse to participate in the development of his/her care plan and medical and nursing treatments. When such refusals are made, appropriate documentation will be entered into the resident's clinical records in accordance with established policies; - Policy Interpretation and Implementation: The care plan is based on the resident's comprehensive assessment and is developed by a Care Planning/Interdisciplinary Team which includes, but is not necessarily limited to the following personnel: -The resident's Attending Physician; (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-The Registered Nurse who has responsibility for the resident; -The Dietary Manager/Dietitian; -The Social Services Worker responsible for the resident; -The Activity Director/Coordinator; -Therapists (speech, occupational, recreational, etc.), as applicable; -Consultants (as appropriate); -The Director of Nursing (as applicable); -The Charge Nurse responsible for resident care; -Nursing Assistants responsible for the resident's care; and -Others as appropriate or necessary to meet the needs of the resident; -The resident, the resident's family and/or the resident's legal representative/guardian or surrogate are encouraged to participate in the development of and revisions to the resident's care plan; -Every effort will be made to schedule care plan meetings at the best time of the day for the resident and family; -When a resident has no family, the ombudsman will be invited to attend the care plan meeting if desired by the resident; -The mechanics of how the Interdisciplinary Team meets its responsibilities in the development of the interdisciplinary care plan (e.g., face-to-face, teleconference, written communication, etc.) is at the discretion of the Care Planning Committee. 1. Review of Resident #2's annual MDS, dated [DATE], showed: -Cognitively impaired; -Dependent on staff assistance for all activities of daily living (ADLs); -Bed rail not used; -Diagnoses included high blood pressure, dementia, diabetes, chronic lung disease and depression. Review of the resident's medical record, showed no physician's order or assessment for the bed rail. Review of the resident's care plan, dated [DATE], showed: (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Problem: Resident has a memory/recall problem due to vascular dementia; -Goal: Will not sustain serious injury due to memory/recall deficit; -Approach: Redirect resident when entering unsafe areas. Ensure resident's areas are free of hazards. Resident's bed has at least two lockable wheels. Ensure assistive devices available and in good condition (walkers, canes, wheelchairs); -Problem: Needs moderate ADL care assistance. Staff to assist with hygiene needs, mouth care, peri care (washing the genitals and anal area), dressing, etc. by setting resident up for care needs or staff performing hygiene needs; -Goal: Resident will be groomed properly. Assisted if needed or can't perform for themselves; -Approach: Staff will make sure resident hygiene needs are met daily; -No use of bed rails noted and/or direction for staff regarding the use of bed rails. Observation on [DATE] at 1:45 P.M. and on [DATE] at 9:06 A.M., showed the resident lay in bed, with one quarter length bed rail raised, located on the left side of the resident's bed, adjacent to the window. During an interview on [DATE] at 9:21 A.M., Licensed Practical Nurse (LPN) J said the side rails just come with the bed, he/she was not sure if the resident used the rail or not. He/She said he/she would ask one of the Certified Nursing Assistants (CNAs) and find out if the resident used the rail. During an interview on [DATE] at 9:22 A.M., CNA I said the only time the resident used the rail was when staff provided care, the resident will hold onto the rail when turned onto his/her side. 2. Review of Resident #36's significant change MDS, dated [DATE], showed: -Severe cognitive impairment; -No behaviors; -Diagnoses included high blood pressure, anxiety and dementia; -Bed rails not used. Review of the resident's care plan, last reviewed [DATE], showed no information regarding the use of bed rails. Review of the resident's medical record, showed no physician's order or assessment for the use of bed rails. Observation on [DATE] at 3:14 P.M. and [DATE] at 1:17 P.M., showed the resident lay in bed on his/her back. Quarter length side rails were raised on both sides of the bed. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. Review of Resident #34's annual MDS dated [DATE], showed: -admitted on [DATE]; -Severe cognitive impairment; -Diagnoses included cancer, atrial fibrillation (a-fib, irregular heart rhythm), high blood pressure, diabetes, and dementia. Review of the emergency medical procedures, provided by the facility, showed: - In the event of an observed medical emergency, basic cardiac resuscitation (CPR, full life saving measures) is to be initiated and 911 called; -The form was signed on the line for signature of resident and/or legal representative. The signature was illegible and dated [DATE]. Review of the resident's care plan, in use at the time of survey showed, no information regarding code status. During an interview on [DATE] at 2:05 P.M., LPN C said the Social Worker (SW) reviewed the code status with the resident. During an interview on [DATE] at 2:30 P.M., the SW said the code status was reviewed on admission and quarterly with the care plan meeting. Code status should be on the care plan. The code status on the care plan should be updated quarterly with the care plan meetings. 4. Review of Resident #26's annual MDS, dated [DATE], showed: -Severe cognitive impairment; -Diagnoses included: high blood pressure and schizophrenia (serious mental illness that affects how a person thinks, feels, and behaves). Observation on [DATE] at 8:50 A.M., [DATE] at 9:05 A.M., [DATE] at 7:12 A.M. and on [DATE] at 9:30 A.M., showed the resident lay in bed with the top two quarter side rails up. Review of the side rail use and risk assessment, dated [DATE], showed: -Purpose of side rail use evaluation: other-no side rail. Review of the care plan, in use at the time of survey, showed side rails not addressed. 5. Review of Resident #13's annual MDS, dated [DATE], showed: -Cognitively intact; (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Bowel and bladder appliances: indwelling (inside the body) catheter (a flexible tube inserted into the bladder); -Diagnoses included: anemia (low red blood count), high blood pressure, renal disease, and dementia. Observation on [DATE] at 8:55 A.M., [DATE] at 9:03 A.M., and 2:22 P.M., [DATE] at 7:15 A.M. and on [DATE] at 9:35 A.M., showed the resident was lying in bed with the top quarter side rails up on both sides of the bed and the catheter was draining urine to gravity. The resident said he/she used the side rails to help him/her turn and reposition and he/she had the catheter because he/she had a wound on his/her back side. Review of the care plan, in use at the time of survey, showed, side rails and the catheter not addressed. Review of the electronic medical record, observation history dated [DATE] through [DATE], showed no side rail assessment. 7. During an interview on [DATE] at 8:18 A.M., the Director of Nursing (DON) said the MDS Coordinator was responsible for updating care plans. They had not had a consistent MDS Coordinator after the last one quit. Care plans should reflect the resident's current needs. Hospice, side rails and other needs specific to the resident should be included on the care plan. 8. During an interview on [DATE] at 1:58 P.M., the DON, the Owner and the Administrator said care plans should be an accurate assessment of the care needs of the resident. They would expect for side rails and catheters to be on the care plan. 42247

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36151 37681 Based on observation, interview and record review, the facility failed to ensure bed rails were accurately assessed as a necessary device prior to installation and use for five of 18 sampled residents (Resident #62, #36, #26, #2 and #13). The facility also failed to document usage in the resident's care plan. The census was 66. Review of the facility's Proper Use of Side Rails policy, revised October 2010, showed: -The purpose of these guidelines are to ensure the safe use of side rails as resident mobility aids to and prohibit the use of side rails as restraints unless necessary to treat a resident's medical symptoms; -General Guidelines; -Side rails are only permissible if they are used to treat a resident's medical symptoms or to assist with mobility and transfer of residents; -An assessment will be made to determine the resident's symptoms or reason for using side rails. When used for mobility or transfer, an assessment will include a review of the resident's; -Bed mobility; -Ability to change positions, transfer to and from bed or chair, and to stand and toilet; -The use of side rails as an assistive device will be addressed in the resident's care plan; -Consent for using restrictive devices will be obtained from the resident or legal representative per facility protocol; -The risk and benefits of side rails will be considered for each resident; -The resident will be checked periodically for safety relative to side rail use; -When side rails usage is appropriate, the facility will assess the space between the mattress and side rails to reduce the risk of entrapment (the amount of safe space may vary, depending on the type of bed and mattress being used). 1. Review of Resident #62's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 3/14/24, showed: -admitted on [DATE]; (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Severe cognitive impairment; -No behaviors; -Diagnoses included cancer, high blood pressure, kidney disease, diabetes, high cholesterol, dementia, anxiety and depression; -Bed rails not used. Review of the resident's care plan, last reviewed 3/15/24, showed no information regarding the use of bed rails. Review of the resident's medical record, showed no maintenance assessment for the use of bed rails. Observation on 5/20/24 at 1:56 P.M., and 5/21/24 at 3:16 P.M., showed the resident lay in bed. U-shaped side rail was raised on the left side of the resident. Observation on 5/24/24 at 9:04 A.M., showed the resident was not in the room and the side rail was gone or removed. During an interview on 5/24/24 at 9:07 A.M., Licensed Practical Nurse (LPN) C said he/she did not recall the resident had a side rail in the bed. He/She said side rails typically came with the bed and are used for residents' positioning. They usually call them grab rails. There were no assessment sheets that nurses fill out. During an interview on 5/24/24 at 9:11 A.M., Certified Nursing Assistant (CNA) K said the resident used the left side rail for repositioning and mobility. He/She was not aware the side rail has been removed. 2. Review of Resident #36's Significant Change MDS, dated [DATE], showed: -Severe cognitive impairment; -No behaviors; -Diagnoses included high blood pressure, anxiety and dementia; -Bed rails not used. Review of the resident's care plan, last reviewed 3/15/24, showed no information regarding the use of bed rails. Review of the resident's medical record, showed no physician's order or assessment for the use of bed rails. Observation on 5/21/24 at 3:14 P.M. and 5/23/24 at 1:17 P.M., showed the resident lay in bed on his/her back. Quarter length side rails were raised on both sides of the bed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265680	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/24/2024

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 5/24/24 at 9:11 A.M., Certified Nursing Assistant (CNA) K said the resident used the side rails for repositioning and mobility. 3. Review of Resident #26's annual MDS, dated [DATE], showed: -Severe cognitive impairment; -Diagnoses included: high blood pressure and schizophrenia (serious mental illness that affects how a person thinks, feels, and behaves). Observation on 5/21/24 at 8:50 A.M., 5/22/24 at 9:05 A.M., 5/23/24 at 7:12 A.M. and on 5/24/24 at 9:30 A.M., showed the resident lay in bed with the top two quarter side rail up. Review of the side rail use and risk assessment, dated 4/4/24, showed: -Purpose of side rail use evaluation: other-no side rail. During an interview on 5/24/24 at 9:45 A.M. CNA L said Resident #26 used side rails to keep him/her from falling out of bed. He/She gets his/her arms moving and he/she might fall out of bed, so they keep the side rails up. 4. Review of Resident #2's annual MDS, dated [DATE], showed: -Cognitively impaired; -Dependent on staff assistance for all activities of daily living (ADLs); -Bed rail not used; -Diagnoses included high blood pressure, dementia, diabetes, chronic lung disease and depression. Review of the resident's medical record, showed no physician's order or assessment for the bed rail. Review of the resident's care plan, dated 4/24/2024, showed: -Problem: Cognitive Loss/Dementia. Resident has a memory/recall problem due to vascular dementia; -Goal: Will not sustain serious injury due to memory/recall deficit; -Approach: Redirect resident when entering unsafe areas. Ensure resident's areas are free of hazards. Resident's bed has at least two lockable wheels. Ensure assistive devices available and in good condition (walkers, canes, wheelchairs); -Problem: ADLs Functional, needs moderate ADL care assistance. Staff to assist with hygiene needs, mouth care, peri care, dressing, etc. by setting resident up for care needs or staff performing hygiene needs. Make sure if resident have on brief if needed; (continued on next page)

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Goal: Resident will be groomed properly. Assisted if needed or can't perform for themselves; -Approach: Staff will make sure resident hygiene needs are met daily; -No direction for staff regarding the use of bed rails. Observation on 5/23/24 at 1:45 P.M. and on 5/24/24 at 9:06 A.M., showed the resident lay in bed, with one quarter length bed rail raised, located on the left side of the resident's bed, adjacent to the window. During an interview on 5/24/24 at 9:21 A.M., LPN J said the side rails just comes with the bed, he/she was not sure if the resident used the rail or not. He/She said he/she would ask one of the CNAs and find out if the resident uses the rail. During an interview on 5/24/24 at 9:22 A.M., CNA I said the only time the resident used the rail is when staff provide care, the resident will hold onto the rail when turned onto his/her side. 5. Review of Resident #13's annual MDS, dated [DATE], showed: -Cognitively intact; -Diagnoses included: anemia (low red blood count), high blood pressure, renal disease, and dementia. Observation on 5/21/24 at 8:55 A.M., 5/22/24 at 9:03 A.M., and 2:22 P.M., 5/23/24 at 7:15 A.M. and on 5/24/24 at 9:35 A.M., showed the resident lay in bed with the top quarter side rails up on both sides of the bed. The resident said he/she used the side rails to help him/her turn and reposition. Review of the electronic medical record, observation history, dated 5/3/23 through 5/24/24, showed no side rail assessment. During an interview on 5/24/24 at 9:45 A.M. CNA L said Resident #13 used side rails for turning and positioning 6. During an interview on 5/22/24 at 1:40 P.M., Certified Medication Technician (CMT) F said the facility did not use side rails because it was considered a restraint. 7. During an interview on 5/22/24 at 2:00 P.M. CNA H said some residents used side rails because they like to hold on to something to help them turn and reposition when in bed. 8. During an interview on 5/24/24 at 9:07 A.M., Licensed Practical Nurse (LPN) C said residents used side rails for positioning and turning. Side rails were included with resident beds and nursing was not responsible for assessing for the use of side rails. 9. During an interview on 5/24/24 at 2:00 P.M., the Administrator and Director of Nursing (DON) said the use of side rails should be assessed by nursing before installation and should be assessed annually and during a significant change. The use of side rails should also be included in the care plan. (continued on next page)

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	42247 45083

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 45083 Based on interview and record review, the facility failed to provide a Registered Nurse (RN) for eight consecutive hours per day, seven days a week. The facility maintained a census of greater than 60 residents, and this deficiency had the potential to affect all residents. The census was 66. Review of the facility's daily assignment sheets, dated 4/20/24 through 5/20/24, showed no RN was scheduled on 4/22, 4/24, 4/26, 4/29, 5/1, 5/3, 5/6, 5/8, 5/9, 5/15, 5/17, and 5/20. During an interview on 5/21/24 at 9:04 A.M., RN B said he/she worked part-time, every Tuesday, Thursday and some weekends. During an interview on 5/22/24 at 11:45 A.M., the Director of Nursing (DON) said there were three RNs in the facility, including herself. She said RN B worked Tuesdays, Thursdays and every other weekend. The other RN worked every other weekend only. The DON said the facility had an RN daily because she worked whenever the other two RNs were not working. She worked Monday to Friday and weekends if needed. She understood that due to their census, the DON could not be considered as a staff RN. During an interview on 5/24/24 at 2:00 P.M., the Administrator and DON agreed that the facility had to have RN coverage eight hours a day, seven days a week.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 42247 Based on interview and record review, the facility failed to establish a system of records for all controlled drugs with sufficient detail to enable an accurate reconciliation for one of one controlled substance binders reviewed. This had the potential to affect all residents with controlled substance orders. The census was 66. Review of the facility's Controlled Substance Policy, dated December 2011, showed: -Policy Statement: The facility shall comply with all laws, regulations, and other requirements related to handling, storage, disposal, and documentation of Schedule II (drugs with a high abuse risk) and other controlled substances (a drug or other substance that is tightly controlled by the government because it may be abused or cause addiction); -The Director of Nursing (DON) services will identify staff members who are authorized to handle controlled drugs; -Controlled substances must be counted upon delivery. The nurse receiving the order, along with the person delivering the medication order, must count the controlled substances together. Both individuals must sign the designated narcotic record. Review of the facility's Controlled Substance Inventory Record, showed: -Dated: March 2024: -7 A.M. through 3 P.M., Nurse 7-3 in: eight out of 31 opportunities were blank; -3 P.M. through 11 P.M., Nurse 7-3 out: seven out of 31 opportunities were blank; -3 P.M. through 11 P.M., Nurse 3-11 in: two out of 31 opportunities were blank; -11 P.M. through 7 A.M., Nurse 3-11 out: one out of 31 opportunities were blank; -Dated: April 2024: -7 A.M. through 3 P.M., Nurse 11-7 out: three out of 30 opportunities were blank; -3 P.M. through 11 P.M., Nurse 7-3 out: one out of 30 opportunities were blank; -Nurse 3-11 in: six out of 30 opportunities were blank; -11 P.M. through 7 A.M., Nurse 3-11 out: eight out of 30 opportunities were blank; -Nurse 11-7 in: four out of 30 opportunities were blank; (continued on next page)

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	265680	A. Building B. Wing	05/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oak Knoll Skilled Nursing & Rehabilitation Center	37 North Clark Avenue Ferguson, MO 63135

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Dated: May 2024: -7 A.M. through 3 P.M., Nurse 11-7 out: one out of 22 opportunities were blank; -3 P.M. through 11 P.M., Nurse 7-3 out: one out of 22 opportunities were blank; -Nurse 3-11 in: five out of 22 opportunities were blank; -11 P.M. through 7 A.M., Nurse 3-11 out: nine out of 22 opportunities were blank; -Nurse 11-7 in: one out of 22 opportunities were blank. During an interview on 5/24/24 at 8:12 A.M. and at 11:05 A.M., the DON said the nurse coming on to a shift and the nurse going off shift should count the controlled substances together and document it on the controlled substance inventory record. If there was a blank on the form, that meant someone forgot to sign the page. The DON said she reviewed the inventory log and the blanks on the form are from agency staff. The DON expected all staff to sign the form when the count was completed.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 42247 Based on observation, interview and record review, the facility failed to ensure medications were stored in accordance with acceptable professional principles when staff walked away from the medication cart, leaving it unlocked. In addition, staff left the medication room unlocked. The census was 66. Review of the facility's Storage of Medications Policy, dated April 2007, showed: -The nursing staff shall be responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner; -Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing drugs and biologicals shall be locked when not in use, and trays or carts used to transport such items shall not be left unattended if open or otherwise potentially available to others. 1. Observation on 5/21/24 at 7:50 A.M., showed Licensed Practical Nurse (LPN) C passing medications on the 100 hall. The medication cart (med cart) was in front of the bird cage. LPN C prepared a resident's medication and walked away from the med cart to administer the medication. The med cart was left unlocked. At approximately 7:52 A.M., LPN C returned to the med cart and prepared another resident's medication and walked into the dining room, leaving the med cart unlocked. One resident walked past the unlocked med cart. LPN C walked past the unlocked med cart into the sitting room and administered the resident's medication. LPN C returned to the medication cart and prepared another resident's medication and walked away from the med cart, leaving the med cart unlocked. Observation on 5/21/24 at 8:45 A.M., showed the nurse's med cart was parked by the bar area on the 200 halls. The med cart was unlocked. LPN C was in the second-floor dining room approximately 100 feet from the med cart. At 8:46 A.M., the nurse returned to the med cart and prepared medication and walked away from the medication cart, leaving the med cart unlocked. 2. Observation on 5/21/24 at 8:33 A.M., showed the 200-hall medication room was halfway open and there was no staff at the nurse's station. At 9:00 A.M., the medication room door on the 200 hall was open approximately three to four inches. There were no staff at the nurse's station. At 9:04 A.M. Registered Nurse (RN) B came to the nurse station, with his/her med cart. He/She parked the med cart against the wall. The med cart was unlocked. At 9:20 A.M., RN B walked away from the nurse's station, leaving the med room door open and the med cart unlocked. At approximately 9:21 A.M., the physical therapist walked into the med room unsupervised, after approximately one minute, he/she left the med room without closing the door. At 9:23 A.M., RN B returned to the nurse's station. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 5/21/24 at 9:27 A.M., RN B said nurses had the key to the med room and only direct patient care staff can go into the med room. Certified Medication Technicians (CMT) and Certified Nurse Aides (CNAs) can go into the med room, they just need to go through the nurse first. Physical therapists, residents and visitors are not allowed in the med room. The med room door must be locked if there were no staff at the nurse's station. 3. During an interview on 5/23/24 at 11:25 A.M., CMT F said the medication cart should be locked if you walk away from it and the med room on the second floor should be locked. 4. During an interview on 5/23/24 at 11:45 A.M. CMT M said if you leave the med cart, it should be locked, and the med room should be locked. 5. During an interview on 5/23/24 at 1:20 P.M., the Director of Nursing (DON) said staff should lock the med cart when they walk away from it. The med room door should be always locked and only nursing staff should enter the med room unless staff were right there. 6. During an interview on 5/24/24 at 2:00 P.M. the DON, the Owner and the Administrator said they expected the med carts and med rooms to be lock.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 36151 Based on observation and interview, the facility failed to maintain food under sanitary conditions by not ensuring food was labeled and dated after opened. This had the potential to affect all residents who consumed food from the facility kitchen. The census was 66. Review of the Dietary Infection Control/Sanitation Policy, undated, showed: -Food is stored in a safe and sanitary manner; -Food stored in freezers and refrigerators are covered, labeled and dated, especially foods taken out of their original containers and leftovers. Observation of the kitchen on 5/20/24 at 12:12 P.M., 5/23/24 at 1:41 P.M., and on 5/24/24 at 9:00 A.M., showed: -A plastic bag of frozen hamburger, opened and undated; -A plastic bag of frozen pork chops, opened and undated; -A plastic bag of frozen hash browns, opened and undated; -A plastic bag of frozen taco meat, opened and undated; -A plastic bag of frozen buns, opened and undated; -Bowls of mixed fruit, covered with plastic wrap, undated; During an interview on 5/24/24 at 9:13 A.M., the Dietary Manager said she expected staff to label and date food once the package has been opened. During an interview on 5/24/24 2:05 P.M., the Director of Nursing said opened/stored food should be labeled and dated.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36151 42247 Based on interview and record review, the facility failed to ensure that in accordance with acceptable professional standards and practices, medical records were complete and accurately documented including the administration of medications and treatments for six residents (Resident #13, #30, #26, #2, #51 and #24). The sample was 18. The census was 66. Review of the facility's Administering Medication Policy, dated April 2010, showed: -Policy statement: medications shall be administered in a safe and timely manner, and as prescribed; -Only persons licensed or permitted by this state to prepare, administer, and document the administration of medications may do so; -The Director of Nursing (DON) Services will supervise and direct all nursing personnel who administer medications and/or have related functions; -The individual administering the medication must initial the resident's Medication Administration Record (MAR) on the appropriate line after giving each medication and before administering the next ones; -Topical medications used in treatments must be recorded on the resident's treatment record (TAR); -If a dug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the MAR space provided for that drug and dose; -As required or indicated for a medication, the individual administering the medication will record in the resident's medical record: the signature and title of the person administering the drug. 1. Review of Resident #13's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by the facility staff, dated 3/14/24, showed: -Cognitively intact; -Diagnoses included: anemia (low red blood count), high blood pressure, renal disease, and dementia. Review of the care plan, in use at the time of survey, showed: -Focus: Resident has multiple open areas to right upper extremity (RUE) and being treated for infection to wounds. He/She refuses dressing changes frequently; (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Intervention: Treat per Medical Doctor (MD) order; -Focus: Resident complains of the taste of many foods. He/She is used to family members bringing him/her food but has been unable to related to Covid restrictions. He/She likes to add hot sauce to many items and keeps a bottle/packets in his/her room. Current diet is regular; -Intervention: Provide 2 Cal supplements (nutritional supplement), 90 milliliters (mL) three times a day (TID); Review of the physician order sheet (POS) dated 5/21/24, showed: -An order for: 2 cal (supplement) 120 mL four times a day (QID); -An order for: iron tablet 325 milligrams (mg) give one tablet once daily (q day); -An order for: Keppra (anticonvulsant) 500 mg twice daily (BID); -An order for liquid protein fortifier (supplement), administer 30 mL q day; -Probiotics administer 1 capsule BID for 20 days, diagnoses (DX) protein calorie malnutrition; -An order for: Sertraline (used to treat depression) 100 mg q day; -An order for: Calmoseptine ointment (barrier cream), apply to excoriation (chafing) to coccyx (tailbone) area and genital every shift; -An order for: clean area at top of coccyx with wound cleanser, apply foam dressing daily and as needed (PRN). Review of the resident's MAR/TAR, dated 5/1/24 through 5/22/24, showed: -An order for: 2 cal 120 mL QID; -Documentation showed: At 8:00 A.M., 11 out of 21 opportunities were blank; -At 12:00 P.M., two out of 21 opportunities were blank; -At 4:00 P.M., nine out of 21 opportunities were blank; -At 8:00 P.M., one out of 21 opportunities were blank; -An order for: iron tablet 325 mg give one tablet q day: -Documentation showed: 10 out of 21 opportunities were blank; -An order for: Keppra 500 mg BID; -Documentation showed: At 7:00 A.M. through 10:45 A.M., two out of 21 opportunities were blank; (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-At 3:00 P.M. through 7:45 P.M., four out of 21 opportunities were blank; -An order for: liquid protein fortifier, administer 30 mL q day; -Documentation showed: three out of 21 opportunities were blank; -An order for: Probiotic administers 1 capsule BID for 20 days; -Documentation showed: At 3:00 P.M. through 7:45 P.M., four out of 20 opportunities were blank; -An order for: Sertraline 100 mg q day; -Documentation showed: two out of 21 opportunities were blank; -An order for: Calmoseptine ointment, apply to excoriation to coccyx area and genital every shift; -Documentation showed: On Days: three out of 21 opportunities were blank; -An order for: clean area at top of coccyx with wound cleanser, apply foam dressing daily and PRN; -Documentation showed: three out of 21 opportunities were blank; -An order for: Dakin's Solution (strong topical antiseptic used to clean infected wounds, ulcers and burns) clean area to coccyx with Dakin's solution, pack with Dakin's-soaked gauze, cover with foam border dressing daily and PRN; -Documentation showed: 11 out of 21 opportunities were blank. Review of the progress notes dated 5/1/24 through 5/24/24, showed no explanation for the blanks on the MAR/TAR's. 2. Review of Resident #30's quarterly MDS, dated [DATE], showed: -Moderately impaired cognition; -Diagnoses included: coronary artery disease (CAD, plaque buildup in the wall of the arteries that supply blood to the heart), high blood pressure, diabetes, and seizure disorder. Review of the care plan in use at the time of survey, showed: -Focus: Resident has history of left leg infection. He/She is receiving long usage of antibiotic therapy. He/She is at risk for side effects, infection getting worse, decrease fluid/food intake or medication not being effective. He/She is also dependent for most activities of daily living (ADL's, grooming, dressing, bathing); -Interventions: Nursing staff to give medication as ordered; (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Focus: Resident is at risk for pressure ulcers (Injury to skin and underlying tissue resulting from prolonged pressure on the skin) related to incontinence, impaired mobility and spends majority of day in bed or wheelchair. Pressure ulcer to left lateral (outer) ankle; -Intervention: provide wound care as ordered. Review of the POS, dated 5/1/24 through 5/24/24, showed: -An order for: 2 cal 90 mL TID; -An order for: Advair HFA (inhaler, used to prevent and control symptoms caused by asthma)115-21 microgram (mcg), administer 1 puff BID; -An order for: Dilantin 125 mg/5 mL (used to treat and prevent seizures), administer 4 mL TID; -An order for Eliquis (blood thinner) 5 mg BID; -An order for: famotidine (acid reducer) 20 mg, administer 1 tablet BID; An order for: Lopressor (used to treat blood pressure) 100 mg, administer 1 tablet TID, hold if blood pressure is less than 110/70 or heart rate less than 55; -An order for probiotic, administer 1 capsule BID; -An order for: Risperdal 1 mg BID, DX bipolar (a mental health condition that causes extreme mood swings that include emotional highs (mania or hypomania) and lows (depression)); -An order for: valproic acid solution (anticonvulsant) 250 mg/5 mL, administer 15 mL TID; -An order for: apply skin prep (skin protectant) to bilateral ankles and heels daily; -An order for: clean area to buttocks, apply alginate foam dressing (absorbs exudate (fluid that leaks out of blood vessels into near by tissues) away from the wound) daily and PRN; -An order for: mupirocin 2% (used to treat skin infections), apply a small amount to left bunion area, cover with ABD (absorbent dressing) and dressing once daily. Review of the MAR/TAR, dated 5/1/24 through 5/24/24, showed: -An order for: 2 cal 90 mL TID; -Documentation showed: At 6:00 A.M., seven out of 23 opportunities were blank; -At 2:00 P.M., three out of 23 opportunities were blank; -At 10:00 P.M., two out of 23 opportunities were blank; -An order for: Advair HFA 115-21 mcg, administer 1 puff BID; (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Documentation showed: At 7:00 A.M. through 10:45 A.M., four out of 23 opportunities were blank; -At 7:00 P.M. through 10:45 P.M., two out of 23 opportunities were blank; -An order for: Dilantin 125 mg/5 mL, administer 4 mL TID; -Documentation showed: At 6:00 A.M., seven out of 23 opportunities were blank; -At 2:00 P.M., three out of 23 opportunities were blank; -At 10:00 P.M., two out of 23 opportunities were blank; -An order for Eliquis 5 mg BID; -Documentation showed: At 7:00 A.M. through 10:45 A.M., four out of 23 opportunities were blank; -At 3:00 P.M. through 7:45 P.M., nine out of 23 opportunities were blank; -An order for: famotidine 20 mg, administer 1 tablet BID; -Documentation showed: 7:00 A.M. through 10:45 A.M., five out of 23 opportunities were blank; -At 3:00 P.M. to 7:45 P.M., nine out of 23 opportunities were blank; -An order for: Lopressor 100 mg, administer 1 tablet TID, hold if blood pressure is less than 110/70 or heart rate less than 55; -Documentation showed: At 6:00 A.M., seven out of 23 opportunities were blank; -At 2:00 P.M., four out of 23 opportunities were blank; -At 10:00 P.M., two out of 23 opportunities were blank; -An order for probiotic, administer 1 capsule BID; -Documentation showed: At 7:00 A.M. through 10:45 A.M., four out of 23 opportunities were blank; -At 3:00 P.M. through 7:45 P.M., nine out of 23 opportunities were blank; -An order for: Risperdal 1 mg BID; -Documentation showed: At 8:00 A.M. through 10:45 A.M., four out of 23 opportunities were blank; -An order for: valproic acid solution 250 mg/5 mL, administer 15 mL TID; -Documentation showed: At 6:00 A.M., six out of 23 opportunities were blank; -At 2:00 P.M., three out of 23 opportunities were blank; (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-At 10:00 P.M., two out of 23 opportunities were blank; -An order for: apply skin prep to bilateral ankles and heels daily; -Documentation showed: two out of 21 opportunities were blank; -An order for: clean area to buttocks, apply alginate foam dressing daily and PRN; -Documentation showed: three out of 21 opportunities were blank; -An order for: mupirocin 2% apply a small amount to left bunion area, cover with ABD and dressing once daily; -Documentation showed: two out of 21 opportunities were blank. Review of the progress notes dated 5/1/24 through 5/24/24, showed: -On 5/7/24 at 10:38 A.M., Resident up in chair in dining room, treatment deferred until returns to bed; -On 5/11/24 at 8:43 A.M., treatment deferred as is up in chair in dining areas; -There were no other explanations for possible blanks on the MAR/TAR. Review of the MAR/TAR dated 5/7/24 and 5/11/24, showed: -Apply skin prep to bilaterally ankles daily was documented on 5/7/24 and 5/11/24; -Clean area to buttocks, apply alginate foam dressing daily and PRN was documented on 5/7/24 and 5/11/24; -Mupirocin 2%, apply small amount to left bunion area, cover with ABD and dressing daily was documented on 5/7/24 and 5/11/24. 4. Review of Resident #26's annual MDS, dated [DATE], showed: -Severe cognitive impairment; -Diagnoses included: high blood pressure and schizophrenia (serious mental illness that affects how a person thinks, feels, and behaves). Review of the POS, dated 5/1/24 through 5/24/24, showed: -An order for: Amoxicillin-pot clavulanate (antibiotic) 875-125 mg tablet, administer 1 tablet every 12 hours; -An order for: Buspirone (antianxiety) 5 mg TID; (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-An order for: doxycycline monohydrate 100 mg (antibiotic) administer 1 capsule every 12 hours. Patient is on long term antibiotic regimen; -An order for: Flonase allergy relief 50 mcg, administer 1 spray in each nostril BID; -An order for gabapentin (anticonvulsant) 300 mg, administer 1-tab TID; -An order for: melatonin (helps with sleep) 3 mg, administer 3 tabs at bedtime; -An order for: tizanidine (muscle relaxant) 4 mg BID; -An order for: clean area to abdomen, remove any stool that may be sitting on the skin, cover abdomen with stoma powder (helps with irritation), cover area with ABD pads, disposable pad and secure with brief, check every 2 hours. Review of the MAR, dated 5/1/24 through 5/24/24, showed: -An order for: Amoxicillin-pot clavulanate 875-125 mg tablet, administer 1 tablet every 12 hours; -Documentation showed: At 8:00 A.M., four out of 9 opportunities were blank; -At 8:00 P.M., two out of eight opportunities were blank; -An order for: Buspirone 5 mg TID; -Documentation showed: At 6:00 A.M. six out of 23 opportunities were blank; -At 2:00 P.M., four out of 23 opportunities were blank; -At 10:00 P.M., four out of 23 opportunities were blank; -An order for: doxycycline monohydrate 100 mg administers 1 capsule every 12 hours; -Documentation showed: At 8:00 A.M., 11 out of 23 opportunities were blank; -At 8:00 P.M., three out of 23 opportunities were blank; -An order for: Flonase allergy relief 50 mcg, administer 1 spray in each nostril BID; -Documentation showed: eight out of 23 opportunities were blank; -An order for gabapentin 300 mg, administer 1 tab TID; -Documentation showed: At 7:00 A.M., 12 out of 23 opportunities were blank; -At 2:00 P.M., four out of 23 opportunities were blank; -At 10:00 P.M., four out of 23 opportunities were blank; (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-An order for: melatonin 3 mg, administer 3 tabs at bedtime; -Documentation showed: three out of 23 opportunities were blank; -An order for: tizanidine 4 mg BID; -Documentation showed: At 3:00 P.M. through 7:45 P.M., eight out of 23 opportunities were blank; -An order for: clean area to abdomen, remove any stool that may be sitting on the skin, cover abdomen with stoma powder, cover area with ABD pads, disposable pad and secure with brief, check every 2 hours; -Documentation showed: At 12:00 A.M., five out of 23 opportunities were blank; -At 2:00 A.M., three out of 23 opportunities were blank; -At 6:00 A.M., two out of 23 opportunities were blank; -At 8:00 A.M., five out of 23 opportunities were blank; -At 10:00 A.M., three out of 23 opportunities were blank; -At 12:00 P.M., three out of 23 opportunities were blank; -At 2:00 P.M., five out of 23 opportunities were blank; -At 4:00 P.M., three out of 23 opportunities were blank; -At 6:00 P.M., three out of 23 opportunities were blank. Review of the progress notes dated 5/1/24 through 5/24/24 showed: -On 5/4/24 at 9:35 P.M., antibiotic/urinary tract infection (UTI) on going. Resident very difficult to arouse for medications. Narcotics held, no dinner eaten, unable to offer fluids. Respirations even and unlabored. Will try to re-offer before 11:00 P.M.; -No other documentation to explain the blanks on the MAR/TAR. Review of the MAR/TAR dated 5/4/24 showed: -Amoxicillin-pot clavulanate 875-125 mg tablet, administer 1 tablet every 12 hours, the 8:00 P.M. dose was blank; -Bursar 5 mg TID, the 10:00 P.M. dose was blank; -Doxycycline monohydrate 100 mg administers 1 capsule every 12 hours, the 8:00 P.M. dose was blank; -Gabapentin 300 mg, administer 1-tab TID, the 10 P.M. was blank; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265680	A. Building B. Wing	05/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oak Knoll Skilled Nursing & Rehabilitation Center	37 North Clark Avenue Ferguson, MO 63135

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Melatonin 3 mg, administer 3 tabs at bedtime, the 8:00 P.M. dose was blank; -Clean area to abdomen, remove any stool that may be sitting on the skin, cover abdomen with stoma powder, cover area with ABD pads, disposable pad and secure with brief, check every 2 hours, the 6:00 P.M. time slot was blank. 5. Review of Resident #2's annual MDS, dated [DATE], showed; -Cognitively impaired; -Diagnoses included dementia, diabetes, chronic lung disease and depression. Review of the resident's Electronic Physician Orders Sheet (ePOS), in use at the time of the survey, showed: -An order dated 3/16/24, for Cardizem (used to treat high blood pressure), 30 mg, 1 tablet QID; -An order dated 3/16/24, for Metoprolol Tartrate (used to treat high blood pressure), 25 mg, 1 tablet orally BID; -An order dated 3/16/24, for Eliquis (used to treat and prevent blood clots and to prevent stroke), 5 mg tablet, orally, BID; -An order dated 3/16/24, for Pepcid (used to treat a condition which the stomach contents move up into the esophagus), 40 mg, 1 tablet orally once an evening; -An order dated 10/10/23, for Latuda (used to treat mood disorders), 80 mg, 1 tablet orally, once an evening; Review of the resident's May 2024 MAR, showed; -22 out of 80 scheduled Cardizem medication doses with blank entries; -10 out of 40 scheduled Metoprolol Tartrate medication doses with blank entries; -Four out of 40 scheduled Eliquis medication doses with blank entries; -Four out of 20 scheduled Latuda medication doses with blank entries; -Four out of 20 scheduled Pepcid medication doses with blank entries. Review of the resident's nurse's progress notes, showed no documentation to explain the blanks on the MAR/TAR. 6. Review of Resident #51's quarterly MDS, dated [DATE], showed; -Cognitively intact; (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Diagnoses included heart failure and Parkinson's disease (a disorder of the central nervous system that affects movement, often including tremors). Review of the resident's ePOS, in use at the time of the survey, showed: -An order dated 11/2/21 for Carbidopa-Levodopa (used to treat Parkinson's disease), 25-100 mg, 1 tablet orally TID; Review of the resident's May 2024 MAR, showed; -10 out of 60 scheduled Carbidopa-Levodopa medication doses with blank entries. Review of the resident's nurse's progress notes, showed no documentation to explain the blanks on the MAR/TAR. 7. Review of Resident #24's annual MDS, dated [DATE], showed; -Cognitively impaired; -Nutritional Approach: Tube feeding (A feeding tube is a medical device used to provide nutrition to people who cannot obtain nutrition by mouth, are unable to swallow safely, or need nutritional supplementation); -Average fluid intake per day by tube feeding, 501 cubic centimeter (cc)/day or more; -Diagnoses included high blood pressure and stroke. Review of the resident's ePOS, in use at the time of the survey, showed: -An order dated 8/21/2019 to record resident's tube feeding input/output (The process involves recording all the fluid that goes into the patient and the fluid that leaves the body) every shift (three times a day). Review of the resident's May 2024 MAR, showed; -6 out of 60 scheduled recorded input/output amounts with blank entries. Review of the resident's progress notes, dated 5/1/24 through 5/24/24 showed: -5/10/24 at 8:29 A.M., resident's feeding tube broke off when trying to flush tube (flushing the tube with warm water helps release any formula stuck to the inside of the tube). Physician notified, sent resident to the hospital to have the feeding tube replaced; -5/10/24 at 11:57 A.M., resident back to the facility, feeding tube intact. Tube feeding infusing at 70 ml per hour; -No other documentation regarding blank entries in the resident's MAR. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	8. During an interview on 5/24/24 at 9:23 A.M., Nurse J said if the MAR was not initialed, it could be the medication was missed, regardless, if something was not documented, it didn't happen. 9. During an interview on 5/24/24 at 9:20 A.M., the Certified Medication Technician (CMT) M said if a resident refused his/her supplement or medication he/she would document it on the MAR. 10. During an interview on 5/24/24 at 1:58 P.M., the DON, Owner and Administrator said they would expect for staff to document medication and treatments as they were administered. If medications/treatments were not administered, the reason why should be documented. They would expect for the medical record to be complete and accurate.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42247 Based on observation, interview and record review, the facility failed to maintain an infection prevention and control program when staff failed to wear appropriate personal protective equipment (PPE), in accordance with the facility's policy, during high-contact activities with residents on enhanced barrier precautions (EBP, precautions for use during high-contact resident care activities for residents infected with a multidrug-resistant organism (MDRO, microorganisms that are resistant to one or more classes of antimicrobial agents) or any resident who has a chronic wound and/or indwelling medical device) for three residents (Residents #30, #46 and #24). In addition, the facility failed to follow accepted infection control and prevention to implement their water management program to prevent the spread of waterborne pathogens, such as legionella (a bacteria that causes legionnaire's disease which is a severe form of pneumonia or lung inflammation). This failure had the potential to affect all residents in the facility. The sample was 18. The census was 66. Review of the facility's Enhanced Barrier Precautions Policy, dated August 2022, showed: -EBPs are used as an infection prevention and control intervention to reduce the spread of MDRO to residents; -EBPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply; -Gloves and gown are applied prior to performing the high contact resident care activity (as opposed to before entering the room); -Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include: - Dressing; - Transferring; - Providing hygiene; - Device care or use (feeding tube (a medical device used to provide nutrition to people who cannot obtain nutrition by mouth, are unable to swallow safely, or need nutritional supplementation.)) - Wound care (any skin opening requiring a dressing); -EBPs are indicated (when contact precautions do not otherwise apply) for residents with wounds and/or indwelling medical devices regardless of MDRO colonization; -EBPs remain in place for the duration of the resident's stay or until resolution of the wound or discontinuation of the indwelling medical device that places them at increased risk; -Staff are trained on EBPs prior to caring for residents on EBP; (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Signs are posted on the door or the wall outside the resident room indicating the type of precautions and PPE required. Review of the facility's EBP signage, undated, showed: - Everyone must: clean their hands, including before entering and when leaving the room; -Providers and staff must also: wear gloves and gown for the following high contact resident care activities: -Dressing; -Bathing/showering; -Transferring; -Changing linens; -Personal hygiene; -Changing briefs or assisting with toileting; -Device care or use: -Central line (a thin, flexible tube that is inserted into a vein, usually below the right collarbone, and guided into a large vein above the right side of the heart), urinary catheter (a flexible tube used to empty the bladder and collect urine in a drainage bag), feeding tube, tracheostomy (an incision in the windpipe made to relieve an obstruction to breathing); -Wound care: any skin opening requiring a dressing; -Do not wear the same the same gown and gloves for the care of more than one person. Review of the facility's undated Legionella Water Management Program, showed: -Policy: Facility is to maintain and follow local and state water standards and should follow manufacturer's instructions regarding cleaning, disinfecting, and maintenance of any water systems in facility. Facility is to have a water management program to prioritize water safety for residents who are at increased risk for Legionnaires' disease; -Facility is to contact Missouri division of American Water Company every 6 months for a water report of water coming into the facility; -Refer to Emergency Preparedness Plan if it is determined to be an emergency water issue; -Refer to Housekeeping and infection control policy for cleanliness and disinfecting of any water systems including medical equipment, ice machines, eyewash stations, showerheads; (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Refer to infection control policy if there is an outbreak of Legionnaires' disease; -The facility did not have a water management team nor did the facility have a water flow diagram or a text version of the water flow. Review of the facility's Infection Preventionist binder, showed it contained directions in developing a Legionella water management program. This included establishing a water management program team and describing the facility's water systems using text or flow diagram. 1. Review of Resident #30's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by the facility staff, dated 2/9/24, showed: -Moderately impaired cognition; -Diagnoses included: coronary artery disease (CAD, plaque buildup in the wall of the arteries that supply blood to the heart), high blood pressure, diabetes, and seizure disorder. Review of the care plan, in use at the time of survey, showed: -Focus: Resident is at risk for pressure ulcers (Injury to skin and underlying tissue resulting from prolonged pressure on the skin) related to incontinence, impaired mobility and spends majority of day in bed or wheelchair. Pressure ulcer to left lateral (outer) ankle 12/17/2020; -Goal: will be monitored for skin impairment and will have adequate wound care through next Assessment; -Interventions: Staff must use EBP (wear gown and gloves) related to resident having chronic wounds. During all the following activities urinary catheter, feeding tube, wound care: any skin opening requiring addressing dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs, or assisting with toileting. Observation on 5/21/24 at 8:20 A.M., showed an EBP sign on the residents door. The resident lay in bed, dressed, with a mechanical lift cloth under him/her. Certified Nurse Aide (CNA) L and CNA G wore gloves and a face mask, while they connected the lift cloth to the mechanical lift. They raised the resident up and guided the resident into his/her chair and unfastened the lift cloth from the lift. Both CNAs removed their gloves and performed hand hygiene. Staff failed to wear a gown while transferring the resident from the bed to the chair. Observation on 5/23/24 at 7:50 A.M., showed an EBP sign on the resident's door. The resident lay in bed. CNA H and CNA G entered the resident's room, performed hand hygiene, and put on a gown and gloves. Staff provided A.M. care (personal hygiene and dressing) to the resident. CNA H removed his/her gown and gloves and left the room. A few minutes later CNA H entered the room with the mechanical lift. CNA H performed hand hygiene and put gloves on. He/She failed to put a gown on. Both CNA's attached the lift cloth to the mechanical lift and transferred the resident to the chair. During an interview on 5/23/24 at 12:00 P.M., CNA H said staff should wear gown and gloves with residents who have wounds and catheters, so the residents are safe, and staff are safe. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 5/23/24 at 12:05 P.M. CNA G said residents who had feeding tubes, wounds, and catheters, should have a sign on their door to wear PPE. PPE should be worn whenever a resident was physically touched, such as dressing, grooming, bathing and transferring the resident. He/She would not need to wear PPE if they just went into the room to drop off a meal tray. 2. Review of Resident #46's quarterly MDS, dated [DATE], showed: -Moderately impaired cognition; -Diagnoses included: heart failure, high blood pressure and dementia. Review of the medical record, showed the resident was not on EBP. Observation on 5/21/24 at 8:20 A.M., showed, Resident #30 and Resident #46 shared a room. There was an EBP sign on the door of the residents' room. The signage did not indicate which resident or if both residents were on EBP. Staff used the mechanical lift to transfer Resident #30 from the bed to the chair. Staff then used the same lift to transfer Resident #46 from the bed to the chair without sanitizing the lift between residents. 3. Review of the Resident #24's quarterly MDS, dated [DATE], showed: -Should a brief interview for mental status be conducted? No; -Diagnoses included: stroke, high blood pressure and diabetes; -Gastrostomy tube (g-tube). Review of the care plan, in use at the time of survey, showed: -Focus: Impaired swallowing related to dysphasia (difficulty swallowing). Family has signed an informed consent dining meaning that they wish for the resident to have regular foods fed to him/her by them when they are with him/her for pleasure, dated 12/2023; -Goal: Resident will not exhibit malnutrition or dehydration; -Intervention: Staff must use EBP (wear gown and gloves) related to resident having a feeding tube. During all the following activities urinary catheter, feeding tube, wound care, any skin opening requiring addressing dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs, or assisting with toileting. Observation on 5/23/24 at 8:20 A.M., showed an EBP sign on the resident's door. Licensed Practical Nurse (LPN) D entered the resident's room, performed hand hygiene, and put gloves on. LPN D prepared the resident's medications and administered the medications via g-tube without wearing a gown. During an interview on 5/23/24 at 11:45 A.M., Certified Medication Technician (CMT) M said if a resident had a sign on their door to wear PPE, he/she would wear whatever the sign said to wear. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 5/23/24 at 12:10 P.M. Registered Nurse (RN) B said EBPs were used for residents who had an infection or had the potential for infection. The PPE was used to protect yourself in case there was any secretions and to avoid possible cross contamination. PPE was worn at the bedside while providing care. All staff who entered the room should wear PPE even if they were delivering a meal tray because they may need to do something else while in the room. During an interview on 5/23/24 at 1:20 P.M., the Infection Preventionist/Director of Nursing (IP/DON) said residents who had indwelling devices such as catheters, g-tubes and if the resident was colonized or had a MDRO or if the resident had a wound, they should be on EBP. A sign was posted on their door with instructions on what PPE the staff should wear. PPE should be worn when staff were in close contact with the resident such as grooming, dressing, bathing, and transferring the resident. The mechanical lift should be cleaned and sanitized between all residents regardless if a resident was on EBP or not. If the lift was not sanitized between residents, there was a chance the infection could spread to the next resident. Staff should wear a gown and gloves when administering g-tube medications. 4. During an interview on 5/24/24 at 9:51 A.M., the IP/DON said she was not aware of the facility's water systems. During an interview on 5/24/24 at 10:00 A.M., the Administrator said the facility had no water systems in place. During an interview 5/24/24 at 10:23 A.M., the Maintenance Director (MD) said he did not have information on the facility's water systems and had not seen a water flow system of the facility in his [AGE] years of employment. The MD said he was aware Legionella could be present in water fountains but was not aware that it might cause respiratory infections. The facility had no water management team. The MD checked the water temperature once a month and it was adjusted when out of the 105-120 degrees Fahrenheit range. He did not say where. The maintenance staff repaired any water issues as reported. They communicated with the water company for the facility's water system. During an interview on 5/24/24 at 1:58 P.M., the IP/DON, Owner and Administrator said they would expect staff to follow the facility's policy and procedures for infection control. They also agreed to have a water system in place using text or flow diagram specific to the facility. 45083

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Regularly inspect all bed frames, mattresses, and bed rails (if any) for safety; and all bed rails and mattresses must attach safely to the bed frame. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36151 37681 Based on observation, interview and record review, the facility failed to ensure staff completed routine inspections of bed/side rails as part of a regular maintenance program to identify areas of possible entrapment for five of 18 sampled residents (Resident #62, #36, #26, #2 and #13). The census was 66. Review of the facility's Proper Use of Side Rails policy, revised October 2010, showed: -The purpose of these guidelines are to ensure the safe use of side rails as resident mobility aids to and prohibit the use of side rails as restraints unless necessary to treat a resident's medical symptoms; -General Guidelines: -Side rails are only permissible if they are used to treat a resident's medical symptoms or to assist with mobility and transfer of residents; -An assessment will be made to determine the resident's symptoms or reason for using side rails. When used for mobility or transfer, an assessment will include a review of the resident's: -Bed mobility; -Ability to change positions, transfer to and from bed or chair, and to stand and toilet; -The use of side rails as an assistive device will be addressed in the resident's care plan; -Consent for using restrictive devices will be obtained from the resident or legal representative per facility protocol; -The risk and benefits of side rails will be considered for each resident; -The resident will be checked periodically for safety relative to side rail use; -When side rails usage is appropriate, the facility will assess the space between the mattress and side rails to reduce the risk of entrapment (the amount of safe space may vary, depending on the type of bed and mattress being used). 1. Review of Resident #62's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 3/14/24, showed: -admitted on [DATE]; (continued on next page)

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F 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Severe cognitive impairment; -No behaviors; -Diagnoses included cancer, high blood pressure, kidney disease, diabetes, high cholesterol, dementia, anxiety and depression; -Bed rails not used. Review of the resident's medical record, showed no maintenance assessment for the use of bed rails. Observation on 5/20/24 at 1:56 P.M., and 5/21/24 at 3:16 P.M., showed the resident lay in bed. A u-shaped side rail was raised on the left side of the resident. Observation on 5/24/24 at 9:04 A.M., showed the resident was not in the room and the side rail was gone or removed. During an interview on 5/24/24 at 9:07 A.M., Licensed Practical Nurse (LPN) C said he/she did not recall if the resident had a side rail on the bed. He/She said side rails typically came with the bed and were used for residents' positioning. They usually called them grab rails. There were no assessment sheets for nurses to fill out. During an interview on 5/24/24 at 9:11 A.M., Certified Nursing Assistant (CNA) K said the resident used the left side rail for repositioning and mobility. He/She was not aware the side rail had been removed. 2. Review of Resident #36's significant change MDS, dated [DATE], showed: -Severe cognitive impairment; -No behaviors; -Diagnoses included high blood pressure, anxiety and dementia; -Bed rails not used. Review of the resident's medical record, showed no maintenance assessment for the use of bed rails. Observation on 5/21/24 at 3:14 P.M. and 5/23/24 at 1:17 P.M., showed the resident lay in bed on his/her back. Quarter length side rails were raised on both sides of the bed. During an interview on 5/24/24 at 9:11 A.M., CNA K said the resident used the side rails for repositioning and mobility. 3. Review of Resident #26's annual MDS, dated [DATE], showed: -Severe cognitive impairment; (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Diagnoses included: high blood pressure and schizophrenia (serious mental illness that affects how a person thinks, feels, and behaves). Observation on 5/21/24 at 8:50 A.M., 5/22/24 at 9:05 A.M., 5/23/24 at 7:12 A.M. and 5/24/24 at 9:30 A.M., showed the resident lay in bed with the top two quarter side rails up. Review of the medical record, showed no maintenance assessment for the use of side rails. 4. Review of Resident #2's annual MDS, dated [DATE], showed: -Cognitively impaired; -Dependent on staff assistance for all activities of daily living (ADLs); -Bed rail not used; -Diagnoses included high blood pressure, dementia, diabetes, chronic lung disease and depression. Review of the resident's medical record, showed no physician order or maintenance assessment for the bed rail. Review of the resident's care plan, dated 4/24/24, showed no direction for staff regarding the use of bed rails. Observation on 5/23/24 at 1:45 P.M. and on 5/24/24 at 9:06 A.M., showed the resident lay in bed, with one quarter length bed rail raised located on the left side of the resident's bed, adjacent to the window. During an interview on 5/24/24 at 9:21 A.M., LPN J said the side rails just came with bed. He/She was not sure if the resident used the rail or not. He/She would ask one of the CNAs and find out if the resident uses the rail. During an interview on 5/24/24 at 9:22 A.M., CNA I said the only time the resident used the rail was when staff provided care. The resident held onto the rail when turned onto his/her side. 5. Review of Resident #13's annual MDS, dated [DATE], showed: -Cognitively intact; -Diagnoses included: anemia (low red blood count), high blood pressure, renal disease, and dementia. Observation on 5/21/24 at 8:55 A.M., 5/22/24 at 9:03 A.M., and 2:22 P.M., 5/23/24 at 7:15 A.M. and 5/24/24 at 9:35 A.M., showed the resident lay in bed with the top quarter side rails up on both sides of the bed. The resident said he/she used the side rails to help him/her turn and reposition. Review of the medical record, showed no maintenance assessment for the use of side rails. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265680	A. Building B. Wing	05/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oak Knoll Skilled Nursing & Rehabilitation Center	37 North Clark Avenue Ferguson, MO 63135

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)
F 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	6. During an interview on 5/24/24 at 8:12 A.M., the Director of Nursing (DON) said Maintenance staff should do the maintenance checks on the side rails. 7. During an interview on 5/24/24 at 10:23 A.M., the Maintenance Director said if there was an order for bed rails, he would install them. He measured the rails once they were placed on the bed. The holes were already pre-drilled on the bed and a kit came with the bed. He had not measured the bed, mattress and rail while a resident was in bed. The weight of the resident would not affect the gap between the mattress and the rail. He only measured when the rails were first placed onto the bed. He was not aware of a routine maintenance program to assess for the risk of entrapment of bed rails. 8. During an interview on 5/24/24 at 2:00 P.M., the Administrator and DON said there was supposed to be a maintenance assessment for the use of side rails done on a quarterly basis and as needed. 42247 45083