

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265701	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/20/2024
NAME OF PROVIDER OR SUPPLIER  St Joe Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  10 Lake Drive Bonne Terre, MO 63628	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>48247</p> <p>Based on interview and record review, facility staff failed to report an allegation of resident-to-resident abuse to the state licensing agency officials as required for two residents (Resident #1 and #2) out of four sampled residents. Resident #2 pushed Resident #1 which caused him/her to fall and sustain a head injury that required two staples to the left forehead and a skin tear to his/her left elbow. The facility census was 141.</p> <p>Review of the facility's policy titled, Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating, last updated 09/22, showed:</p> <ul style="list-style-type: none"> <li>- Verbal or written notification of an incident or suspicion of abuse or neglect to the immediate supervisor, charge nurse, the Director of Nurses (DON), the Social Service Designee (SSD) or the Administrator;</li> <li>- Verbal or written notification of an incident or suspicion of abuse or neglect to the facility's Ombudsman;</li> <li>- Call Missouri Department of Health and Senior Services Hotline;</li> <li>- If you knowingly do not report instances of abuse, you may be subject to disciplinary and legal action.</li> </ul> <p>Review of Resident #1's medical record showed:</p> <ul style="list-style-type: none"> <li>- Date of admission of 10/01/22;</li> <li>- Diagnoses of alcohol dependence with withdrawal, Wernicke's encephalopathy (brain and memory disorder due to a severe lack of vitamin B1), and alcoholic cirrhosis (irreversible liver damage);</li> <li>- Severely impaired cognition;</li> <li>- Sustained a head injury that required two staples to the resident's left forehead and a skin tear to the left elbow from an unwitnessed fall on 08/16/24, when Resident #2 pushed Resident #1.</li> </ul> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's Progress Note, dated 08/16/24, showed the resident sat on the floor in the hallway outside of Resident #2's room. Resident #2 said Resident #1 was in his/her room and stole his/her french fries off the tray. Resident #2 slightly pushed Resident #1 and he/she lost his/her balance and fell to the floor outside of Resident #2's room. An ambulance was called and Resident #1 was transferred to the hospital.</p> <p>Review of the facility's investigation, dated 08/16/24, showed:</p> <ul style="list-style-type: none"> <li>- No injuries for Resident #1 observed at the time of the incident;</li> <li>- Resident #2 had injuries to the face and left elbow;</li> <li>- An un-witnessed fall;</li> <li>- No predisposing situation factors;</li> <li>- The resident stole food from the tray of another resident.</li> </ul> <p>During an interview on 08/20/24 at 11:00 A.M., the DON said she was told by the state licensing agency she did not have to report a resident to resident altercation unless the resident was harmed and that was why she/he did not report the incident.</p> <p>During interview on 08/20/24 at 5:00 P.M., the Administrator said she would expect an incident of a resident-to-resident altercation be reported to the state licensing agency.</p> <p>Complaint #MO240165</p>		