| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265703 | A. Building<br>B. Wing | 03/26/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bluebird Wellness and Rehabilitation | 9350 Green Park Road<br>Saint Louis, MO 63123 |

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 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure services provided by the nursing facility meet professional standards of quality.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44950<br><br>Based on observation, interview and record review, the facility failed to provide services per acceptable standards of practice for one resident (Resident #8) when a Certified Medication Technician (CMT) administered a medication without a physician's order. The sample size was 8. The census was 174.<br><br>Review of the facility's Medication Administration policy, undated, showed:<br><br>-Purpose: To provide practice standards for safe administration of medications for residents in the facility;<br><br>-Policy: Medication will be administered by a licensed nurse per the order of the attending physician or licensed independent practitioner, or as consistent with state law;<br><br>-Procedure: Compare the licensed practitioner's prescription/order with the medication administration record (MAR);<br><br>-Compare the licensed practitioner's order with the pharmacy label on the medication package;<br><br>-Compare the pharmacy label and MAR;<br><br>-The licensed nurse will chart the drug, time administered, and initial his/her name with each medication administration and sign full name and title on each page of the MAR;<br><br>-PRN (As needed) medication documentation: When a PRN medication is given, it will be documented on the medication administration record. The nurse will document the date, time, and reason for giving the medication;<br><br>-The result or effectiveness of the PRN medication will be charted by the responsible nurse on the back of the MAR or in the nursing notes.<br><br>Review of Resident #8's medical record, showed:<br><br>-An admitted [DATE];<br><br>(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 |
|---|---|---|---|
| | 265703 | A. Building<br>B. Wing | 03/26/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bluebird Wellness and Rehabilitation | 9350 Green Park Road<br>Saint Louis, MO 63123 |

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 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -Diagnoses included benign neoplasm (non-cancerous mass) of colon, diabetes, depression, and left foot abscess<br><br>During an interview on 3/26/25 at 11:45 A.M., the resident said he/she had been at the facility since Friday 3/21/25. Since he/she has been at the facility he/she has had bad diarrhea to the point that he/she cannot always make it to the bathroom and had to change his/her clothes. He/She thinks it is related to the intravenous (IV) antibiotic he/she is administered for his/her foot wound. He/She received Imodium (medication used to treat diarrhea) this morning. The CMT told him/her that he/she must ask for it but that he/she can have it twice a day. Once in the morning and once at night.<br><br>Review of the resident's electronic physician order sheet (ePOS), showed no order for Imodium.<br><br>Review of the resident's March 2025 MAR, showed no order and no documentation of Imodium administered to the resident.<br><br>During an interview on 3/26/25 at 2:00 P.M., CMT H said he/she gave the resident Imodium this morning because the resident reported he/she was having bad diarrhea. He/She told the resident that the resident could have one in the morning and one in the evening but the resident needed to ask for it. CMT H was asked about the resident having an order for Imodium. CMT H said everyone has a standing order for Imodium right now and pulled up the resident's electronic MAR. CMT H then said, the resident does not have an order for Imodium. CMT H said he/she informed the nurse this morning and the nurse was supposed to call the physician and put the order in the electronic ePOS. Observation at this time showed the CMT entered the medication room.<br><br>During an observation and interview on 3/26/25 at 2:10 P.M., CMT H and Registered Nurse (RN) B exited the medication room. RN B said the CMT did not inform him/her about the Imodium this morning. The CMT actually just informed RN B. RN B told the CMT he/she would call the physician and get an order. RN B said he/she expected CMT H to tell the nurse before CMT H gave the medication and not to give a resident mediation if there is no order for it.<br><br>During an interview on 3/26/25 at 2:15 P.M. the Director of Nursing (DON) said she expected the CMT to notify the nurse before administering medication. Medication should not be given without a physician order, even stock medication like Tylenol or Imodium. The nurse should have been notified immediately and the physician should have been called.<br><br>MO00251254 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265703 | A. Building<br>B. Wing | 03/26/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bluebird Wellness and Rehabilitation | 9350 Green Park Road<br>Saint Louis, MO 63123 |

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 0770<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide timely, quality laboratory services/tests to meet the needs of residents.<br><br>44950<br><br>Based on interview and record review, the facility failed to provide or obtain laboratory services to meet the needs of residents for one of eight sampled residents (Resident #2). The census was 174.<br><br>Review of the facility's Refusal of Treatment policy, revised 8/2020, showed:<br><br>-Purpose: To ensure that residents are able to exercise their right to refuse treatment;<br><br>-Policy: Facility will honor a resident's request not to receive medical treatment as prescribed by his/her attending physician, as well as care services outlined on the resident's assessment and care plan. treatment is defined as care provided for purposes of maintaining/restoring health, improving functional level, or relieving symptoms;<br><br>-Procedure: The resident is not forced to accept any medical treatment and may refuse or request to discontinue of a specific treatment even though it is prescribed by his/her attending physician.<br><br>When a resident refuses or discontinues treatment, the charge nurse or Director of Nursing (DON) interviews the resident to determine what and why the resident is refusing or discontinuing treatment. The charge nurse or DON will attempt to address the resident's concerns and explain the consequences of the refusal or discontinuance of treatment;<br><br>-The charge nurse or DON will document information relating to the refusal/discontinuance in the resident's medical record. Documentation will include at least the following:<br><br>--The date and time nursing staff tried to give a medication or treatment was attempted;<br><br>--The medication or treatment refused/discontinued;<br><br>--The resident's response and reason(s) for refusal/discontinuance;<br><br>--The name of the person attempting to administer the treatment;<br><br>--That the resident was informed (to the extent of their ability to understand) of the purpose of the treatment and the consequences of not receiving the medication/or treatment;<br><br>--The resident's condition and any adverse effects due to such refusal/discontinuance;<br><br>--The date and time the Attending Physician was notified and his or her response;<br><br>--Other pertinent observations; and<br><br>--The signature and title of the charge nurse or DON documenting the refusal/discontinuance;<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265703 | A. Building<br>B. Wing | 03/26/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bluebird Wellness and Rehabilitation | 9350 Green Park Road<br>Saint Louis, MO 63123 |

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 0770<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -The Attending Physician will be notified of refusal or discontinuance of treatment in time frame determined by the resident's condition and potential serious consequences of the refusal or discontinuance;<br><br>-The interdisciplinary team (IDT) will assess the resident's needs and offer the resident alternative treatments if available while continuing to provide other services in the care plan.<br><br>-When the resident's refusal or discontinuance brings about a significant change in the resident's condition, a reassessment is made, and new information is incorporated into the resident's care plan.<br><br>Review of Resident #2's medical record, showed diagnoses included diabetes, stroke, acid reflux, and major depressive disorder.<br><br>Review of the resident's medical record, showed an after-visit summary dated 12/30/24 at 9:30 A.M., labs ordered calprotectin, fecal (measures the amount of calprotectin, a protein, in a stool sample) and elastase, pancreatic, fecal (stool test that measures the amount of elastase, an enzyme produced by the pancreas, in the stool). Next appointment 3/18/25 at 9:30 A.M.<br><br>Review of the resident's Medication Administration Record (MAR)/Treatment Administration Record (TAR), showed:<br><br>-An order, dated 12/30/24, for elastase pancreatic fecal to be done at an outside lab;<br><br>-No order for the calprotectin fecal test noted in the MAR/TAR.<br><br>Review of the resident's medical record, showed:<br><br>-A progress note (late entry), dated 12/30/24 at 3:20 P.M. and entered on 2/14/25 at 4:22 P.M., Resident receives orders to have labs done at an outside lab;<br><br>-An electronic MAR note (late entry), dated 12/30/24 at 3:20 P.M. but entered on 2/14/25, at 4:22 P.M., resident received orders to have labs done at an outside laboratory;<br><br>-A progress note, dated 2/12/25 at 11:29 A.M., the resident representative calls this nurse today with questions regarding resident's medications and labs which were ordered to be done on 12/30/24. This nurse emailed medication list to resident representative and notified him/her that resident did make this nurse aware that he/she had gone out to an outside lab already and had labs done. Representative asks that follow up be done with the lab to ensure labs were done. Representative also asked about a diagnosis list on resident's chart for stage 3 kidney disease and states that he/she was not aware of that diagnosis. Physician ordered complete blood count (CBC, common blood test that measures various components of the blood) and comprehensive metabolic panel (CMP, blood test that measures various substances in the body to assess overall metabolic health and organ function) which were entered into lab orders to be done tomorrow.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265703 | A. Building<br>B. Wing | 03/26/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bluebird Wellness and Rehabilitation | 9350 Green Park Road<br>Saint Louis, MO 63123 |

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 0770<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -A progress note, dated 2/18/25 at 7:56 A.M., call received from resident representative. Resident had labs done at an outside lab company, but results were inconclusive and must be done over. This nurse tries to encourage resident to allow for the facility lab company to complete lab testing at this time;<br><br>-A progress note, dated 2/18/25 at 9:02 A.M., resident has refused to give stool specimen for ordered test;<br><br>-A progress note dated 2/18/25 at 9:03 A.M., Resident refuses to give stool specimen for ordered test. Physician/Resident representative notified at this time;<br><br>-A progress note, dated 2/24/25 at 3:55 P.M., Lab results received and reported to physician. No new orders at this time.<br><br>-A progress note, dated 2/25/25 at 4:47 P.M., Resident states he/she would like to go to an outside lab to have his/her lab done that was prescribed by physician at specialist clinic on 12/30. This nurse schedules appointment with the outside lab. Transportation request filled out and turned into BB Transportation. Copy placed in yellow transportation binder at nurse's station.<br><br>-A progress note, dated 2/27/25 at 4:21 P.M., labs reported to physician with no new orders at this time;<br><br>-A progress note (late entry), dated 3/3/25 at 9:46 A.M., Resident refused to go to appointment at the outside lab;<br><br>-A progress note, dated 3/7/25 at 8:46 A.M., Resident noted to have increased aggression. Resident forcefully opens Assistant Director of Nursing (ADON) door and demands paperwork. This nurse lets the resident know that he will receive any requested paperwork after 10 A.M Resident then refuses to close the door and elevates his voice to yelling, demanding that his needs be tended to now. This nurse redirects resident and floor nurse also redirects resident to his/her room, assuring him/her that he/she will receive any paperwork requested.<br><br>-No progress note dated 3/18/25 related to the missed appointment, reason the appointment was refused, education to the resident or documentation of risk of missing appointment;<br><br>-A progress note, dated 3/24/25 at 5:06 P.M., Resident has an appointment scheduled for the outside lab on 3/28/25 at 10:30 A.M. Transportation sheet filled out and turned into transportation and copy placed in yellow transportation binder at nurses station;<br><br>-A progress note, dated 3/24/25 at 5:07 P.M., this is an appointment to go and have stool sample collected for labs ordered on 12/30 at physician clinic.<br><br>Review of the resident's care plan, dated 3/18/25, showed:<br><br>-Focus: Resident is non-compliant with getting labs done. The resident makes appointments and does not go. Refuses and reschedules;<br><br>-Goal: Resident needs will be met during the next 90 days;<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265703 | A. Building<br>B. Wing | 03/26/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bluebird Wellness and Rehabilitation | 9350 Green Park Road<br>Saint Louis, MO 63123 |

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 0770<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -Interventions/Tasks: Notify family and physician of behavior/refusal of care.<br><br>During an interview on 3/26/25 at 9:40 A.M., the resident said the facility will not take him/her to get their physician ordered laboratory test done. The resident has tried to talk to the Social Worker (SW). He/She went to the doctor in December and laboratory tests were ordered to be completed. The resident is worried about his/her diarrhea because he/she has now had the diarrhea for nine months. He/She has tried medications for the diarrhea, but they do not do any good. The transportation is not consistent, and they will just cancel last minute which is hard because some appointments are hard to reschedule. There was an appointment last week that he/she missed. The resident thinks there was some kind of meeting with the manager and SW that may be happening soon but not sure when that will take place. He/She just wants to get the laboratory test done.<br><br>During an interview on 3/26/25 at 12:25 P.M., the SW said the facility has scheduled and he/she refuses. The resident gives different reasons, sometimes he/she says it is because he/she does not feel like going. Staff have tried to use the facility lab company, but the resident only wants it done at his/her preferred laboratory. Staff are trying to accommodate the resident, and he/she keeps rescheduling. The facility is planning to have an IDT/Care Plan Meeting with the resident.<br><br>During an interview on 3/26/25 at 1:36 P.M., the DON said she will have to check to see if physician was called on the appointment the resident missed on 3/18/25. She is not sure why the resident missed the appointment.<br><br>During an interview on 3/26/25 at 1:45 P.M., the medical assistant at the physician office said the resident was a no-show to the clinic appointment scheduled for 3/18/25. The facility or the resident had not called prior to the appointment to cancel and have not called since the missed appointment to reschedule. The office staff is not aware of the facility calling the provider regarding the missed laboratory appointments. The resident was last seen in clinic on 12/30/24. There was a sample dropped off at the lab sometime after that. The sample was not labeled so it was placed in storage. Once they realized that was the sample, the sample was no longer any good. The medical assistant put in a new order for the laboratory tests on 3/6/25 and talked to the resident about the appropriate label. The medical assistant is not sure when the first test was done, it was just dropped off with no label. The medical assistant was not working with the provider at that time so does not know exact date.<br><br>During an interview on 3/26/25 at 2:15 P.M., the DON said there should have been documentation that the resident did not go to his/her appointment, and she is not sure why he/she did not go. The resident does have an appointment to complete the laboratory test on Friday.<br><br>MO00250942 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265703 | A. Building<br>B. Wing | 03/26/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bluebird Wellness and Rehabilitation | 9350 Green Park Road<br>Saint Louis, MO 63123 |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>44950<br><br>Based on observation, interview and record review, the facility failed to ensure staff used acceptable infection control procedures during blood sugar testing and insulin administration for one sampled resident (Residents #5). The census was 174.<br><br>Review of the facility's Handwashing/Hand Hygiene policy, revised August 2019, showed:<br><br>-Policy Statement: This facility considers hand hygiene the primary means to prevent the spread of infections;<br><br>-Policy Interpretation and Implementation: All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections;<br><br>-All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors;<br><br>-Hand hygiene products and supplies (sinks, soap, towels, alcohol-based hand rub, etc.) shall be readily accessible and convenient for staff use to encourage compliance with hand hygiene policies;<br><br>-Wash hands with soap (antimicrobial or non-antimicrobial) and water for the following situations:<br><br>-When hands are visibly soiled; and<br><br>-After contact with a resident with infectious diarrhea;<br><br>-Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations:<br><br>-Before and after coming on duty;<br><br>-Before and after direct contact with residents;<br><br>-Before preparing or handling medications;<br><br>-Before performing any non-surgical invasive procedures;<br><br>-Before and after handling an invasive device;<br><br>-Before donning sterile gloves;<br><br>-Before handling clean or soiled dressings, gauze pads, etc.;<br><br>-Before moving from a contaminated body site to a clean body site during resident care;<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265703 | A. Building<br>B. Wing | 03/26/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bluebird Wellness and Rehabilitation | 9350 Green Park Road<br>Saint Louis, MO 63123 |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -After contact with a resident's intact skin;<br><br>-After contact with blood or bodily fluids;<br><br>-After handling used dressings, contaminated equipment, etc.;<br><br>-After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident;<br><br>-After removing gloves;<br><br>-Hand hygiene is the final step after removing and disposing of personal protective equipment;<br><br>-The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections.<br><br>-Single-use disposable gloves should be used:<br><br>-before aseptic procedures;<br><br>-when anticipating contact with blood or body fluids; and<br><br>-when in contact with a resident, or the equipment or environment of a resident, who is on contact precautions;<br><br>-Applying and Removing Gloves:<br><br>-Perform hand hygiene before applying non-sterile gloves;<br><br>-Perform hand hygiene.<br><br>Review of Resident #5's electronic medical record, showed diagnoses of diabetes, acid reflux, and anxiety.<br><br>Review of the resident's electronic Physician Order Sheet (ePOS), showed an order dated 2/26/25, for insulin lispro (fast acting insulin). Inject 5 units subcutaneously (layer of tissue beneath the skin) with meals for diabetes.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265703 | A. Building<br>B. Wing | 03/26/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bluebird Wellness and Rehabilitation | 9350 Green Park Road<br>Saint Louis, MO 63123 |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Observation on 3/26/25 at 11:39 A.M., showed Certified Medication Technician (CMT) H in front of the medication cart. CMT H said he/she is going to check Resident #5's blood sugar and entered the resident's room with the blood glucose machine and insulin syringe in his/her hands. CMT H did not perform hand hygiene when he/she entered the resident's room. CMT H did not place on gloves. The CMT walked over to the resident and wiped the resident's finger with an alcohol wipe. He/She stuck the resident's finger and obtained a sample of blood. Blood sugar results measured 257. CMT H drew up 5 units of insulin in a syringe, no hand hygiene performed, and no gloves worn. CMT H raised the resident's shirt and injected the 5 units of insulin into the resident's abdomen. He/She did not perform hand hygiene, place on gloves or wipe the resident's abdomen with an alcohol wipe prior to administering the insulin. CMT H capped the syringe and left the resident's room without performing hand hygiene upon exiting the room.<br><br>During an interview on 3/26/25 at 1:36 P.M., the Director of Nursing (DON) said she would expect staff to follow facility policy. She would expect nursing staff to perform hand hygiene when entering a resident's room prior to providing care. She would expect staff to place on gloves prior to obtaining a blood sugar level. She would also expect nursing staff to clean the resident's skin prior to injecting medication due to the risk of infection and safety for both the resident and the nursing staff.<br><br>MO00251254 |