

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265719	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/03/2024
NAME OF PROVIDER OR SUPPLIER Amberwood Estates Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 5303 Bermuda Drive Normandy, MO 63121	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>27723</p> <p>Based on interview and record review, the facility failed to notify a resident's responsible party after the development of pressure ulcer for one resident (Resident #1). The sample was six. The census was 90.</p> <p>Review of the facility's policy on Pressure Injury Prevention and Management, updated 1/23/23, showed the following:</p> <p>-Policy: The facility is committed to the prevention of avoidable pressure injuries and the promotion of healing of existing pressure injuries;</p> <p>-Policy: 2. The facility shall establish and utilize a systemic approach for pressure injury prevention and management, including prompt assessment and treatment; intervening to stabilize, reduce or remove underlying risk factors; monitoring the impact of the interventions and modifying the interventions as appropriate; 3. A. Licensed nurses will conduct a pressure risk assessment on all residents upon admission/readmission, weekly times four weeks, then quarterly or whenever the resident's condition changes significantly. B. The tool will be used in conjunction with other risk factors not captured by the risk assessment tool. C. Licensed Nurses will conduct a full body skin assessment on all residents upon admission/readmission, weekly, and after any newly identified pressure injury. Findings will be documented in the medical record;</p> <p>-The facility's policy failed to show staff should notify the responsible party of a change in the resident's skin.</p> <p>Review of the resident's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 8/11/23, showed the following:</p> <p>-Severe cognitive impairment;</p> <p>-Required total assistance of staff for all activities of daily living;</p> <p>-Incontinent of bowel and bladder;</p> <p>-Diagnoses of stroke, renal failure and heart failure;</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Skin: Pressure ulcer risk: Yes. No pressure ulcers.</p> <p>Review of the resident's care plan, dated 8/24/23, showed the following:</p> <p>-Problem: Resident is at risk for alterations in skin integrity related to impaired mobility, contractures, incontinence of bowel and bladder and diagnosis of renal failure;</p> <p>-Intervention: Educate resident, family and caregivers to the causes of skin breakdown including transfer and positioning, importance of taking care during ambulating, mobility, good nutrition and frequent positioning. Follow facility's policies/protocols for the prevention treatment of skin breakdown. Inform the resident/family/caregivers of any new area of skin breakdown. Provide incontinent care as needed. Provide pillow and positioning devices as needed to help maintain proper body alignment, reduce pressure, and promote comfort. Teach resident, family the importance of changing position for the prevention of pressure ulcers. Weekly skin assessments, notify the physician of changes in skin integrity as needed. Obtain treatment orders as needed. Weekly skin documentation to include measurement of each areas of skin assessment.</p> <p>Review of the resident's progress notes, dated 11/1/23, completed by the Wound Nurse, showed the following:</p> <p>-Skin/Wound Report: Resident has areas to right hip with skin shifting noted;</p> <p>-No active drainage noted;</p> <p>-Scar tissue and epithelial skin noted;</p> <p>-New order received;</p> <p>-See Physician Order/Treatment Administration Record (TAR);</p> <p>-No documentation to show staff notified the responsible party of the change in the resident's skin.</p> <p>Review of the resident's progress notes, showed the following:</p> <p>-11/20/23: Resident noted to have moisture associated skin dermatitis (MASD) with eschar tissue (dead tissue) shown, red to surrounding area;</p> <p>-Measured 14.0 centimeters (cm) by 5.5 cm by 0 cm with a small amount of serous sanguineous (blood serum) drainage noted;</p> <p>-Resident placed on a low air loss mattress;</p> <p>-New order for treatment, see Physician Order Sheet (POS) and TAR;</p> <p>-No documentation to show staff notified the responsible party of the change in the resident's skin.</p> <p>(continued on next page)</p>

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/19/23 at 1:34 P.M., Nurse F said he/she worked at the facility on the day shift. It is the Wound Nurse's responsibility to monitor wounds, obtain wound treatments, and to notify physician and family.</p> <p>During an interview on 12/20/23 at 12:55 P.M., Nurse G said he/she works on the day shift. The policy is to report all new wounds to the Wound Nurse. He/She will do the initial assessment, obtain treatment orders and notify family.</p> <p>During an interview on 12/27/23 at 10:40 A.M., the Director of Nurses said he expected staff to follow orders and complete treatment orders. Staff are to notify the responsible party of changes in the resident's skin.</p> <p>MO00227848</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27723</p> <p>Based on interview and record review, the facility failed to ensure one resident was free from physical abuse (Resident #2). On 11/30/23, Resident #3 stabbed Resident #2 in the face with a fork. The sample was 6. The census was 90.</p> <p>The Administrator was notified on 1/3/24 of the past non-compliance. The facility immediately intervened and separated the residents, arranged for ongoing medical care for both residents, updated the care plans of both residents and provided training for all staff regarding the facility's abuse prevention policy.</p> <p>Review of the facility's Abuse Prevention Policy, updated 10/21/22, showed the following:</p> <p>-Policy: The facility is committed to protecting the residents from abuse by anyone including but not necessarily limited to facility staff, other residents and staff from other agencies providing services to our residents, family members, legal guardians, surrogates, sponsors, friends, visitors and or any other individual;</p> <p>-Abuse: Willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, mental anguish or emotional trauma. Abuse may be resident to resident, staff to resident, family to resident or visitor to resident;</p> <p>-All facility staff shall be in-serviced upon initial employment, and at least annually thereafter, regarding Resident's Rights, including freedom from abuse, neglect, mistreatment, misappropriation of property, exploitation and the related reporting requirements and obligations;</p> <p>-Prevention: 1. Staff members, volunteers, family members and others shall be encouraged to report incidents of abuse. When an incident of abuse is suspected, or determined, such an incident must be reported to facility management regardless of the time lapse since the incident occurred. Reporting procedures should be followed as outlined in this policy. 5. Examples of steps that the facility may immediately put in place to prevent further abuse includes but not limited to staffing changes, increased supervision, protection from retaliation, trauma informed care, resident accommodations, and follow up counseling for the residents;</p> <p>-Protection: 2. Suspected or substantiated cases of abuse, neglect, misappropriation of property or mistreatment shall be thoroughly investigated, documented, and reported to the physician, family, and or representative as required by state law. 3. It is the responsibility of all staff to provide a safe environment for the residents. Residents' care and treatment shall be monitored by all staff on an ongoing basis so that residents are free from abuse, neglect or mistreatment.</p> <p>Review of Resident #2's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 09/14/23, showed the following:</p> <p>-Diagnoses of stroke, dementia and depression;</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Cognitive impairment;</p> <p>-No behaviors.</p> <p>Review of Resident #2's care plan, dated 11/30/23, showed the following:</p> <p>-Problem: Resident had an altercation and was struck in the left side of the face with an fork by another resident;</p> <p>-Intervention: Residents were immediately separated and monitored 1:1. First aid was provided to small scratch on left face/cheek. Incident was reported to local authorities. Incident was reported to state entity. Safety measures were initiated. MD and responsible party notified. A trauma informed assessment was completed and no signs and symptoms fearfulness.</p> <p>Review of Resident #3's annual MDS, dated [DATE], showed the following:</p> <p>-Diagnoses of dementia, stroke and depression;</p> <p>-No cognitive impairment;</p> <p>-No behaviors.</p> <p>Review of Resident #3's, care plan, 11/30/23, showed the following:</p> <p>-Problem: Resident had an altercation with another resident and struck him/her in the face with a fork on the left cheek;</p> <p>-Interventions: Residents were separated immediately and monitored 1:1. Resident was sent to the hospital. Incident reported to state entity.</p> <p>Review of the facility's self report, dated 11/30/23, showed:</p> <p>-Incident dated 11/30/23;</p> <p>-Incident reported on 11/30/23;</p> <p>-On 11/30/23 at approximately 1:10 P.M., Resident #2 and #3 had a physical altercation in the facility Common Area/Dining Room;</p> <p>-Resident #2 said Resident #3 struck him/her in the face with a fork;</p> <p>-Resident #3 said Resident #2 was in front of the vending machine and wouldn't move;</p> <p>-Resident #2 began to curse at him/her and he/she felt disrespected;</p> <p>-Resident #3 pulled a fork out of his/her pocket and struck Resident #2 in the face;</p> <p>-Residents voiced concern regarding Resident #3;</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Resident #3 was placed on 1:1 monitoring until Emergency Medical Services (EMS) arrived;</p> <p>-Resident #3 was given an emergency discharge;</p> <p>-Facility will help the hospital with placement.</p> <p>Review of the facility's Abuse Investigation Report, dated 11/27/23, showed the following:</p> <p>-The reporter was in his/her office and heard a loud commotion;</p> <p>-He/She exited his/her office and observed a small amount of blood on Resident #3's left cheek.</p> <p>-Staff separated the residents, Resident #3 walked away from Resident #2;</p> <p>-The altercation was unwitnessed by staff;</p> <p>-The police were called and report made;</p> <p>-Resident #2 refused to go to the hospital;</p> <p>-Resident #3 was provided with 1:1 monitoring until EMS arrived;</p> <p>-Resident #3 was sent to the hospital for psych evaluation and given an emergency discharge;</p> <p>-Facility will help the hospital with alternative placement;</p> <p>-Resident #2's care plan was updated;</p> <p>-Abuse In-Service started immediately.</p> <p>During an interview on 12/5/23 at 11:10 A.M., Resident #2 said he/she has had no prior problems with Resident #3. He/She said it was a misunderstanding. He/She has had no further problems and feels safe at the facility.</p> <p>During an interview on 12/5/23 at 2:40 P.M., Certified Nurse Aide (CNA) I said he/she didn't know of any prior problems between Resident #2 and Resident #3. Both residents were friendly and got along with other residents.</p> <p>During an interview on 12/5/23 at 2:10 P.M., the Director of Nurses (DON) said these residents haven't had problems before and he was surprised when he was made aware. Resident #2 has had no further problems.</p> <p>During an interview on 12/5/23 at 2:15 P.M., the Administrator said she hasn't had issues with Resident #2 or Resident #3. During her interview with Resident #3, after the altercation, he/she said he/she felt disrespected. He/She said he/she would kill Resident #2. This statement was why the resident was issued a emergency discharge.</p> <p>MO00228155</p> <p>(continued on next page)</p>		

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	MO00228177

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>27723</p> <p>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 90.</p> <p>Review of the facility's staffing sheets for the weekend of 11/19/23 and 11/20/23, showed the facility staffed Licensed Practical Nurses (LPNs). There was not an RN on staff either day.</p> <p>Review of the facility's staffing sheet for the weekend of 11/25/23 and 11/26/23, showed the facility staffed LPNs. There was not an RN on staff either day.</p> <p>Review of the facility's staffing sheet on Sunday 12/3/23, showed the facility staffed an LPN. There was not an RN on staff that day.</p> <p>During an interview on 12/19/23 at 3:16 P.M., the Administrator said she realized there wasn't RN coverage on the weekend when she returned from vacation. The weekend RN was on leave but has returned.</p>