

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265733	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2024
NAME OF PROVIDER OR SUPPLIER St Johns Place		STREET ADDRESS, CITY, STATE, ZIP CODE 3333 Brown Road Saint Louis, MO 63114	

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 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training.</p> <p>25073</p> <p>Based on record review and interview, the facility failed to ensure that nurse aides (NA) completed a nurse aide certification training program within four months of hire for three of 18 NAs, who worked in the facility for more than four months (NA A, NA B, and NA C). The census was 49.</p> <p>Record review of all NA hire dates on 8/27/24, showed:</p> <ul style="list-style-type: none"> -The facility hired NA A on 4/17/24; -The facility hired NA B on 3/12/24; -The facility hired NA C on 12/28/23; -The three NAs were not certified within the required four-month period. <p>During an interview on 8/27/24 at 11:40 A.M., the Director of Nursing (DON) said she knew all NAs had to be enrolled in a state approved training program which resulted in their certification within four months of hire. The problem the facility was having was getting the NA's to an approved clinical testing location. All the classroom lessons and tests are provided online. The final exam could be taken online. The final clinical test had to be done at an approved testing facility. Their facility was not an approved testing facility. The NA's had to go in person to a testing site for their final clinical exams. The waiting list to take the final clinical exam could take up to a month or two to get an appointment to be tested . The closest testing facility was 15-20 miles away and some staff didn't have transportation to the testing site.</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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