STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265754	A. Building B. Wing	05/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Advanced Care of St Joseph	3002 North 18th St Saint Joseph, MO 64505

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46706 Based on interview and record review, the facility failed to operationalize the Illegal Drug Use policy to ensure the environment for two sampled residents (Resident #1 and Resident #2) were free from hazards when staff repeatedly found illegal drugs and/or drug paraphernalia in a shared room occupied by two residents, Resident #1 and Resident #2. The facility census was 106. Review of the facility's policy Resident Rights revised, [DATE], included the resident has the right to safe environment including receiving supports for daily living safely. Review of the facility's policy Illegal Drug Use dated, [DATE], included: -The facility is an illegal drug-free facility; -The purpose of this policy is to ensure the safety of all employees, residents, family members, visitors and any others that enter the facility. -No one is allowed to possess, be under the influence of or use any illegal drugs on the premises of this facility; -The facility reserves the right to inspect our premises, conduct alcohol and drug testing and terminate our relationship for violation of this policy; -If at any time the Administrator, Director of Nursing and/or care giver determine that the resident is not honoring this policy and procedure as written and presented to him/her, consequences up to and including discharge may be considered in order to maintain all residents' safety and well-being. The facility did not provide a policy regarding supervision or accident prevention. 1. Review of Resident #1's Quarterly Minimum Data Set (MDS, a federally mandated assessment tool completed by facility staff) dated [DATE] showed: -No cognitive impairment; -Independent with eating; (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
	265754	A. Building B. Wing	05/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Advanced Care of St Joseph	3002 North 18th St Saint Joseph, MO 64505

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Substantial assistance with showers; -The resident has a urinary catheter; -Diagnoses included, paraplegia (inability to voluntarily move the lower parts of the body), asthma and viral hepatitis (an infection that causes liver inflammation and damage). Review of the resident's progress notes showed: -[DATE] Licensed Practical Nurse (LPN) B documented, This writer was called to resident's room. The resident's roommate (Resident #2) came out into the hallway and got the aides, due to the situation the aides immediately got the nurse. Upon entering the room, the resident was blue in color, non-responsive, & sweating profusely. Resident was sitting in a wheel chair. Resident did not respond to sternal rub or verbal stimuli. Resident's nurse returned to room shortly after this writer arrived with Narcan. This writer administered Narcan one dose nasally to resident. Nurse called 911 & administrator. Resident did not respond, 2nd dose of Narcan was given approximately 3 minutes after first dose. CNA's were applying cold cloths to resident's forehead and removing clothing per nurses' instruction. Resident breathing very shallow, drooling from left side of mouth. After approximately 1 minute of 2nd dose of Narcan resident was slowly responding verbally. EMS arrived shortly after, by then resident fully alert and refusing to go to the hospital. While in resident's room LPN B noted a small clear zip lock baggie containing a white substance and a cut off straw. LPN B removed drug paraphernalia from resident's room and locked it into med room. EMS assessed resident and did report some abnormal cardiac arrhythmia's although resident continues to refuse to go to the ER. The police were notified regarding drugs & drug paraphernalia, police arrived and took both to destroy. Police verified the contents was most likely Fentanyl. Resident resting in bed, reports the Narcan is making him/her sick; -[DATE] Resident returned from and appointment, and LPN A met with resident to discuss event that occurred early this morning. Resident stated that he/she is aware that he/she required two doses of Narcan. He/she stated that he/she had taken some white powder, but states he/she does not know what it was and will not state how he/she obtained it. He/she stated the police took all that I had. Instructed resident that we can do a toxicology test to find out what the white powder was, resident agreed, but then changed his/her mind and declined. Instructed resident on the risks and consequences of taking illicit drugs and drugs that have not been prescribed by physician. Resident stated that he/she was fine, he/she knows what he/she is doing. - [DATE] LPN A notified by staff the resident was asleep with cutoff split straw in his/her mouth and lighter by bedside. This writer wakened resident and asked what was he/she doing with a split straw - he/she stated he/she was not going to do anything - he/she began chewing on it and stated that he/she was in withdrawals. When asked about the incident the other night he/she stated that the powder substance was Fentanyl that he/she used and he/she was trying to get through. Review of the police reported dated [DATE] included: -[DATE] at 10:15 P.M., police arrived at the facility; -The nursing home staff handed the police department a bag with a white powder inside (found in Resident #1 and Resident #2s room); (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265754	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2024
NAME OF PROVIDER OR SUPPLIER Advanced Care of St Joseph		STREET ADDRESS, CITY, STATE, ZIP CODE 3002 North 18th St Saint Joseph, MO 64505	

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The white substance was suspected to be Fentanyl (Fentanyl is a potent synthetic opioid drug used as an analgesic (pain relief) and anesthetic. It is approximately 100 times more potent than morphine and 50 times more potent than heroin as an analgesic); -The staff said they found the substance in room the resident's room; -The staff said the Resident #1 had an overdose earlier and they found the baggies of powdery substance out in the open in the resident's room and wanted to give it to the police; -No charges were filed. Review of the resident's care plan revised [DATE], showed: -The resident has a history of substance abuse; -The resident will have no drugs hidden in room; -The resident will not use addictive substances unless prescribed by the physician; -No inappropriate, disruptive or abusive behaviors directed at other residents; -Resident offered substance abuse counseling and declined [DATE]; -When resident has visitors the door must stay open when in his/her room; -The resident was noncompliant with having supervised visits with the door open on [DATE]. Review of nursing notes dated [DATE] showed CNA A found resident #1 was slumped over in wheelchair beside bed, not responding to verbal stimuli. LPN A obtained Narcan and within seconds of arriving in residents room, resident was awake and responsive. Another nurse noticed a hypodermic needle lying next to resident's arm .CNA A did not know how he/she got the needle. The Administrator and DON were notified. No documentation regarding updated interventions for resident safety regarding illegal drugs being found in the residents room. On [DATE] LPN A documented Resident #1's room and found the resident sitting in wheelchair beside the bed slumped over leaning to the right; -The resident did not respond to verbal stimuli; -LPN A noticed a lighter, a piece of tin foil, and a straw on the resident's lap with unknown power substance; -LPN A immediately removed the foil with the unknown powder substance from the resident's lap and shook the resident and the resident did respond; -LPN A asked the resident if he/she was okay and resident stated yes; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265754	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2024
NAME OF PROVIDER OR SUPPLIER Advanced Care of St Joseph		STREET ADDRESS, CITY, STATE, ZIP CODE 3002 North 18th St Saint Joseph, MO 64505	

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-LPN A walked out of room and took the foil with the unknown powder substance and took it to the nurses station; -LPN A told the staff to assist with the resident and the resident came out to nurses' station and asked the staff to put him/her in bed; -The Director of Nursing (DON) was notified of the foil with unknown powder substance found in the resident's room and that the resident was unresponsive; -LPN A put the foil with the unknown substance in to a biohazard bag and placed in narcotic drawer for DON to obtain in the morning; -The resident's lighter and straw were lying on the floor when aides were assisting the resident to bed. CNA's were instructed to double glove when doing any cares with resident for the remainder of the shift; Review of nursing notes dated [DATE] showed a housekeeper reported while he/she was cleaning room there was 3 lines of a white powdery substance noted on resident's nightstand. No documentation regarding updated interventions for resident safety regarding illegal drugs being found in the residents room. Review of the resident's hospital records dated [DATE], showed: -The resident was admitted to the hospital [DATE]; -The resident was presented to the emergency department (ED) due to altered mental status. The resident was found slumped over in his/her wheel chair and cyanotic (blue or purple discoloration due to lack of oxygen). He/she was given Narcan (medication that can reverse an overdose from opioids) intranasal (given through the nose) and when Emergency Medical Services (EMS) arrived he/she was alert and orientated. The resident was brought to the ED and noticed to have low blood pressure and was admitted for further management in the intensive care unit (ICU). The resident said he/she uses meth (methamphetamine, a powerful, highly addictive stimulant) and his/her friends bring it to him/her; -Lab results obtained on [DATE] showed: o Amphetamine (drug that stimulates your central nervous system) screen: Positive (the substance was present in the person's system); o Cannabinoid (test for marijuana) screen: Positive; o MDMA(Methylenedioxymethamphetamine, a test designed to detect the use of the stimulants, hallucinogens, and methamphetamines, and street drugs such as Ecstasy) screen: Positive; -Assessment/Plan: o Acute toxic encephalopathy (brain dysfunction caused by toxic exposure) secondary to meth use; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265754	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2024
NAME OF PROVIDER OR SUPPLIER: Advanced Care of St Joseph		STREET ADDRESS, CITY, STATE, ZIP CODE: 3002 North 18th St Saint Joseph, MO 64505	

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	o Polysubstance abuse, positive for amphetamines, benzodiazepines, MDMA and cannabis in his/her system; o Will keep nothing by mouth (NPO) until more awake; o Follow up labs in the morning. -Summary: o Resident presents to ED with altered mental status. The resident reports taking meth and Fentanyl (potent synthetic opioid drug) brought to him/her by a friend, when his/her roommate at the facility, found him slumped over and cyanotic. The resident received 12 milligram (mg) of intranasal Narcan prior to EMS arrival. Review of nursing notes dated [DATE], showed: -At approximately 12:20 A.M., Resident #2 came out of room yelling that something was wrong. Staff went into the room and found Resident #1 unresponsive, slumped over in his/her wheelchair, non-breathing, resident face was cyanotic, faint central pulses. Narcan given with no improvement. Resident was lowered to the floor respirations assisted with ambu-bag with oxygen, not waking up to voice or physical stimulation. EMS was notified and arrived at 12:33 A.M. Resident woke up soon after EMS arrived, still drowsy and sent to the emergency room ; -No documentation was found to show the facility had implemented interventions to reduce the incidence of illegal drugs being brought in to the facility; During an interview on [DATE], at 1:10 P.M., Licensed Particle Nurse (LPN) A said: -On [DATE], Resident #2 came out of his/her room pointing back to his/her room and was visibly upset with his/her hands on his/throat and waving us into his/her room. Resident #2 found his/her roommate unresponsive twice. If it was not for the resident, his roommate might have died . The staff have all complained about this to the administrator and DON but the resident continues to bring illegal drugs into the facility. One time, Resident #2 came to get staff and staff fond Resident #1 had a piece of foil on his/her lap, and a syringe sticking out of his/her arm. The facility leadership have not provided direction to him/her other than to check on Resident #1 frequently. Resident #1 has visitors at all hours of the day and night and we were told we can't search him/her because it is violating his/her rights. He/she has had to administer Narcan to Resident #1 three times. He/she found Resident #1 with a white powder substance on his/her lap and on the floor and on his/her night stand. He/she woke up after the last dose of Narcan and refused to go to the ER. When the resident did go to the ER his/her roommate was upset and sobbing, and followed the stretcher all the way to the front door. Resident #2 has had a stroke and is hard to understand but he/she makes his/her needs known. He/she has a history of drug abuse and told one of the CNAs he/she is worried about his/her roommate. Resident #1 continues to bring illegal drugs into the facility and he/she is does not know how to prevent it. There is no extra staff to help to supervise Resident #1 or a sitter to provide extra supervision. During an interview on [DATE], at 1:43 P.M., LPN B said: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265754	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Advanced Care of St Joseph	3002 North 18th St Saint Joseph, MO 64505

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Back in December right after the resident came, he/she went to check on the resident and he/she was having chills and felt sick. The resident said he/she wanted to go to the hospital because he/she was having withdrawals, but did not say from what. The physician was notified and an order to send to the ER was received and he/she sent him/her to the ER. The resident would leave at 6:00 P.M., and would not come back until the next day at 6:00PM. The resident said we were not allowed to search him/her or his/her room. If we saw drugs out in the open the administrator said staff could remove them but staff could not search for them. The facility has done nothing new to illegal drugs are not brought into the facility. Leadership tell the staff to check on the resident frequently. There is no one on one monitoring or extra supervision in place for Resident #1. The resident's roommate is the one that comes and tells the staff if the resident is passed out and not breathing, and that really upsets the roommate. The roommate can't speak but he/she will be sobbing and waving arms/hands and acting frantic for us to come to the room and it is always something with the roommate. During an interview on [DATE], at 1:57 P.M., Certified Nurse's Aide (CNA) A said: -The last two times Resident #2 came out of his/her room pointing back to his/her room and was visibly upset with his/her hands on his/throat and waving us into his/her room. - Resident #2 has found his/her roommate twice unresponsive; -Resident #2 sobs and has tears coming down his/her face and is really concerned; -Resident #2 does not speak a lot because he/she has had a stroke; -Resident #2 communicated with him/her and the resident told her he/she used to use drugs and he/she worries about Resident #1's safety. -He/she is concerned about the safety of Resident #2 because he/she could accidentally be exposed to the powder; -He/she has told the administrator about his/her concerns but nothing has changed. 2. Review of Resident #2's Quarterly MDS dated [DATE], showed: -Severe cognitive impairment; -Impaired movement on one side of the body; -Clear and comprehensive understanding of words; -Substantial assist with dressing and showers; -Diagnosis included, stroke, seizure disorder and viral hepatitis. Review of the residents medical record showed: -The resident was admitted [DATE]; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265754	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2024
NAME OF PROVIDER OR SUPPLIER Advanced Care of St Joseph		STREET ADDRESS, CITY, STATE, ZIP CODE 3002 North 18th St Saint Joseph, MO 64505	

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The resident has a history of substance abuse; -The resident starting using meth at [AGE] years old; Review of the resident's care plan revised, [DATE], showed: -The resident is dependent on staff for meeting emotional, intellectual and physical needs related to cognitive defects and physical limitations; -The resident has an Activities of Daily Living self-care performance deficit related to limited mobility. During an interview on [DATE], at 2:06 P.M., the resident's guardian said: -The resident has a history of substance abuse; -He/she was not notified that illegal drugs and drug paraphernalia had been found in the resident's room; -He/she would expect to be notified if illegal drugs and paraphernalia were found in the resident's room even if another resident was using them and not his/her ward; -He/she was not notified that the resident had found his/her roommate unresponsive on a number of occasions; -He/she expects the facility to keep the resident safe. During an interview on [DATE], at 3:12 P.M., the DON said: -He/she was aware Resident #1 had brought drugs in to the facility; -He/she was aware the resident had been given Narcan on two different occasions when he/she was found unresponsive; -He/she was not aware that when the resident was sent to the hospital on [DATE] the resident tested positive for Amphetamines, Cannabinoid and methamphetamine; -He/she did not know if Resident #2's guardian had been notified of the illegal drugs found in his/her room; -He/she said the staff were monitoring Resident #1 more frequently but he/she is self-responsible and comes and goes when he/she wants; -The resident's responsible party should be notified if drugs are found in the resident's room even if they don't belong to the roommate; -It is not safe to have a resident doing drugs, or having drugs in the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265754	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Advanced Care of St Joseph	3002 North 18th St Saint Joseph, MO 64505

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on [DATE], at 3:17 P.M., the administrator said: -He/she was aware the resident had brought drugs in to the facility; -He/she was aware the resident had been given Narcan on two different occasions when he/she was found unresponsive; -Resident #2's guardian was not notified of the illegal drugs found in the room because it did not involve his/her ward; -He/she said the staff were monitoring the resident more frequently; -He/she said the resident returned to the facility after being sent out to the ER for an overdose; -The resident has the right to not be searched that is why the facility does not do a body search after he/she has been out; -The staff do not search his/her room because it is against his/her rights; -If the staff see drugs or paraphernalia setting in the open they can confiscate them; -There is no sitter or one on one staff to provide increased supervision to Resident #1 or Resident #2; -Referrals have been sent to find placement for Resident #1 but no facility will accept him/her; -Resident #1 is at the hospital at this time and will be given a 30 day discharge letter. Review of the Discharge Notice issued to Resident #1, dated [DATE] included the reason for discharge is because the resident's clinical or behavioral status endangers his/her safety and the safety of other individuals in the facility. During an interview on [DATE] at 10:14, A.M. Nurse Practitioner A said: -He/she last saw Resident #2 on [DATE]; -He/she was not notified about drugs being found in Resident #2s shared room; -He/she said he/she would expect to be notified if illegal drugs were found in Resident #2's room; -If Resident #2 does have a history of drug abuse, he/she would think it would be triggering for Resident #2 on a psychosocial level to finding his/her roommate unresponsive; -He/she said there should be effective measures in place to monitor both residents when the drugs were first discovered; - He/she did not know if the facility had put preventive measures in place; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265754	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Advanced Care of St Joseph	3002 North 18th St Saint Joseph, MO 64505

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- He/she would expect the facility to ensure a safe environment for the reisdent's. During an interview on [DATE] at 4:23, P.M. Physician A's nurse said: -The facility notified Physician A that Resident #1 was found using illegal drugs at the facility and had been sent to the ED for an overdose; -The facility said they were unsure about Resident #1's rights to come and go at the facility, the right to have visitors and were working to come up with a solution to the resident bring drugs into the facility; -The physician was not aware Resident #1 had a roommate; -The physician was notified on [DATE] by the facility that Resident #1 had another drug overdose but had refused to be sent the ED; -The facility told the physician on [DATE] that the resident no longer had privileges and had a 24 hour a day sitter. -The physician expects the facility to ensure Resident #1 does not put other residents at risk of harm. MO235222