

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 06/20/2024
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)
<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43353</p> <p>Based on record review and interview, the facility failed to ensure one of three residents (Resident (R) 37) and their resident representatives (RR) in the sample of thirty-three reviewed for facility initiated emergent hospital transfer, was provided with a written transfer notice that contained all the required information. This failure has the potential to affect the resident and their RRs by not having the knowledge of where and why a resident was transferred, and/or how to appeal the transfer, if desired.</p> <p>Findings include:</p> <p>Review of R37's Admission Record in the Profile tab of the electronic medical record (EMR) revealed an admitted [DATE].</p> <p>Review of R37's quarterly Minimum Data Set (MDS) with an assessment reference date (ARD) of 05/21/24 and located in the MDS tab revealed a Brief Interview for Mental Status (BIMS) score of four out of 15 which indicated the resident was severely cognitively impaired.</p> <p>Review of R37's Nursing Note, dated 06/10/24 located in the Progress Notes tab of the EMR, revealed, Hospice medical director ordered resident to be sent to ER for evaluation regarding concern for bowel obstruction, absent bowel sounds in right lower quadrant. Hospice nurse contacted Durable Power of Attorney (DPOA) .Resident left via ambulance.</p> <p>Review of R37's Nursing Note, dated 06/11/24 located in the Progress Notes tab of the EMR, revealed, Per night nurse resident returned to facility via EMS at approximately 2130 6/10 [9:30 PM, 06/10/2024] .</p> <p>Review of R37's EMR revealed there was no documentation that a written transfer notice was provided to the resident and their RR at the time of the transfer to the hospital on 06/10/24.</p> <p>Interview on 06/20/24 at 10:19 AM, the Administrator stated, I usually receive a copy of the written transfer notice and keep them in this folder. I can't find them, so Social Services Director (SSD) hasn't provided them to me yet.</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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Interview on 06/20/24 at 12:50 PM, the SSD stated, I printed these today. I couldn't find the originals, so I had to print them again. These have the RR's signature on them because we just received the signatures today. The SSD could not produce evidence of the date and time when the resident and/or RR was provided the written transfer notice.</p> <p>The SSD provided a document titled Advance Care of St. [NAME]. Next to the word date was R37's name handwritten underneath with the date of 06/20/24 and the stamped signature of the RR.</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43353</p> <p>Based on record review and interview, the facility failed to provide one of three residents, or their resident representative (RR) reviewed for hospitalization (Resident (R) 37) with written notification of the bed hold policy prior to transfer to the hospital. This created a potential for the resident to experience distress or confusion related to readmission to the facility due to the facility-initiated discharge.</p> <p>Findings include:</p> <p>Review of R37's Admission Record found in the Profile tab of the electronic medical record (EMR) revealed an admitted [DATE].</p> <p>Review of R37's quarterly Minimum Data Set (MDS) with an assessment reference date (ARD) of 05/21/24 and located in the MDS tab, revealed a Brief Interview for Mental Status (BIMS) score of four out of 15 which indicated the resident was severely cognitively impaired.</p> <p>Review of R37's Nursing Note, dated 06/10/24 located in the Progress Notes tab of the EMR, revealed, Hospice medical director ordered resident to be sent to ER [emergency room] for evaluation regarding concern for bowel obstruction, absent bowel sounds in right lower quadrant. Hospice nurse contacted Durable Power of Attorney (DPOA) .Resident left via ambulance.</p> <p>Review of R37's Nursing Note, dated 06/11/24 located in the Progress Notes tab of the EMR, revealed, Per night nurse resident returned to facility via EMS [Emergency Medical Service] at approximately 2130 6/10 [9:30 PM, 06/10/2024] .</p> <p>Review of R37's EMR revealed there was no documentation that the facility's bed hold policy was provided to the resident or their RR at the time of the transfer to the hospital on 06/10/24.</p> <p>In an interview on 06/20/24 at 10:19 AM, the Administrator stated, I usually receive a copy of bed hold document and keep them in this folder. I can't find them, so the Social Services Director (SSD) hasn't provided them to me yet.</p> <p>On 06/20/24 at 12:50 PM, the SSD provided a document titled, Advanced Care of St. [NAME] Bed Hold. The document had R37's name handwritten in upper right corner and the date of 06/10/24 handwritten under his name. The RR's stamped signature was at the bottom of the document in the center with a date of 06/20/24.</p> <p>Interview on 06/20/24 at 12:50 PM, the SSD stated, I printed these today. I couldn't find the originals. These have the responsible party's signature on them because we just received the signatures today. The SSD could not produce evidence that the bed hold policy was provided to the resident or RR at the time of the transfer to the hospital on 06/10/24.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>43353</p> <p>Based on record review, interviews, policy review and review of the Resident Assessment instrument (RAI) manual, the facility failed to accurately code the Minimum Data Set (MDS) for one of 33 residents (Resident (R) 37) reviewed for MDS accuracy. Failure to accurately code the MDS could result in the resident not receiving care and services.</p> <p>Findings include:</p> <p>Review of Centers for Medicare and Medicaid Services (CMS)'s RAI Version 3.0 Manual CH 3: Section O indicated, .Code residents identified as being in a hospice program for terminally ill persons where an array of services is provided for the palliation and management of terminal illness and related conditions .</p> <p>Review of R37's Admission Record under the Profile tab of the electronic medical record (EMR) revealed and admitted d of 07/21/17.</p> <p>Review of R37's annual Minimum Data Set (MDS) assessment, with a reference date (ARD) of 05/21/24 and located in the MDS tab revealed a Brief Interview for Mental Status (BIMS) score of four out of 15 which indicated resident was severely cognitively impaired. Review of the MDS Section O - Special Treatments, Procedures, and Programs revealed that hospice was not coded.</p> <p>Interview on 06/19/24 at 02:53 PM, the Minimum Data Set Coordinator (MDSC) reviewed the MDS and confirmed, I do not see that hospice is indicated on his MDS. Everything was a mess when I came in November, and I've tried to fix a lot.</p> <p>Interview on 06/20/24 at 9:04 AM, the Director or Nursing (DON) stated, I don't do anything with the MDS. The MDS Coordinator takes care of all that</p> <p>Review of the facility's policy titled, MDS 3.0 Completion, revised on 09/01/21, indicated, under the section Policy Explanation and Compliance Guidelines that, Significant Change in Status Assessment (SCSA) is required when a resident enrolls in a hospice program or changes hospice providers and remains in the facility, or a resident in the facility receiving hospice services discontinues those services (known as revocation of hospice care) and remains in the facility.</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37283</p> <p>Based on record review, and staff interviews, the facility failed to ensure a Level 1 Pre-Admission Screening and Resident Review (PASARR) was completed for two of three residents (Resident (R) 22 and R60) reviewed for PASARR.</p> <p>Findings include:</p> <p>R22's undated Face Sheet, found in the electronic medical record (EMR) under the Admission Record tab, indicated the resident was most recently admitted to the facility on [DATE] with diagnoses including major depressive disorder, schizoaffective disorder, and anxiety.</p> <p>R60's undated Face Sheet, found in the EMR under the Admission Record tab, indicated the resident was most recently admitted to the facility on [DATE] with diagnoses including bipolar disorder and schizoaffective disorder.</p> <p>Review of R22 and R60's EMRs indicated no documentation that a Level 1 PASARR had ever been completed.</p> <p>During an interview with the Business Office Manager (BOM) on 6/19/24 at 5:23 PM, the BOM confirmed a Level 1 PASARR could not be found in R22 and R60's EMRs. She stated, (R22) and (R60) should have a Level 1 in their record.</p> <p>During an interview with the Administrator on 6/19/24 at 6:20 PM, she stated a Level 1 PASARR was expected to be in the record.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 11599</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to develop a comprehensive care plan for one of 33 residents (Resident R) 61) in the sample creating the potential for R61 to be at risk for unmet psychosocial needs due to a skin condition and subsequent self-isolation.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Comprehensive Care Plans, dated [DATE], indicated It is the policy of this facility to develop and implement a comprehensive person centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment.</p> <p>Review of R61's Admission Record located under the Profile tab in the electronic medical record (EMR) revealed R61 was admitted on [DATE].</p> <p>Review of R61's quarterly Minimum Data Set (MDS), with an assessment reference date (ARD) of [DATE] indicated R61 had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R61 was cognitively intact.</p> <p>During an interview on [DATE] at 11:45 AM, R61 stated, I supposedly have scabies, for two to three months. The other night, at 3:00 AM, I said to the nurse, get me something or get a gun, I can't stand this, the itching is so terrible. R61 said, look at this, and moved her shirt aside to show her upper chest and upper arms which were observed to have numerous bloodied or scabbed areas.</p> <p>Review of R61's Physician Orders, located under the Orders tab in the EMR revealed R61 had been treated on [DATE], [DATE], and [DATE] with permethrin external cream 5 % (scabicide and pediculicide medication). Per the Physician Orders, R61 received Hydroxyzine HCL (antihistamine medication) oral tablet 25 milligrams from [DATE] - [DATE]; [DATE] -[DATE]; and [DATE] - [DATE] for itching.</p> <p>Review of R61's Care Plan, dated [DATE] located under the Care Plan tab in the EMR identified (R61) has scattered blisters to LLE (left lower extremity) r/t (related to) fluid retention. The interventions were noted to avoid scratching, keep fingernails short. There was no care plan addressing R61's scabies treatment, sores on her chest, back, arms, and trunk, self-isolation, self-perception, or mental health.</p> <p>During an interview on [DATE] at 2:34PM, the Infection Control Preventionist (ICP) said her expectation would be that she or the Director of Nursing (DON) would generate a care plan.</p> <p>During an interview on [DATE] at 3:25 PM, the DON said, it should have been care planned.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15013</p> <p>Based on observation, interview, record review, facility policy review and review of manufacturer's instructions, the facility failed to provide respiratory care in accordance with professional standards for four (Residents (R) 62, R24, R45, and R53) of four residents reviewed for respiratory care out of a total sample of 33 residents. Respiratory equipment, such as bipap (bilevel positive airway pressure), cipap (continuous positive airway pressure), and nebulizer masks and chambers, were not stored in a sanitary manner; oxygen, cipap, bipap, and nebulizer units were dusty with grim; and there was no process for cleaning and maintaining cipap/bipap units. R62 did not have a physician order for cipap, R24's oxygen rate was not per the physician's order, and R45 and R53 had liquid in their nebulizer chambers. This failure had the potential for residents to develop respiratory issues, infections, or other medical issues.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Oxygen Administration, dated 09/01/21 documented: .follow manufacturer recommendations for the frequency of cleaning equipment filters .change tubing and mask/cannula weekly and as needed .keep delivery devices covered in a plastic bag when not in use . cleaning and care of equipment shall be in accordance with facility policies .</p> <p>Review of the manufacturer's specification for R62 and R24's oxygen units titled, Operator's Manual - Invacare Platinum Series, on page 28 documented: remove the filter and clean as needed . Dry the filter thoroughly before reinstallation .</p> <p>1. Review of R62's Admission Record located under the Profile tab of the electronic medical record (EMR), revealed R62 was admitted on [DATE] with diagnoses of chronic respiratory failure with hypoxia (low oxygen levels), dependence on oxygen, and chronic obstructive pulmonary disease (COPD).</p> <p>Review of R62's Care Plan located under the Care Plan tab in the EMR dated 05/30/24 related to her potential for alteration in respiratory status due to pulmonary edema, and respiratory failure documented: Administer oxygen as needed per physician order, observe oxygen saturations on room air and/or oxygen, and oxygen flow rate and response.</p> <p>Review of R62's quarterly Minimum Data Set (MDS), located in the EMR under the MDS tab with an Assessment Reference Date (ARD) of 06/11/24, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating R62 was cognitively intact and used oxygen.</p> <p>Review of R62's Physician Order Sheet, located in the EMR under the Orders tab, dated 05/29/24 documented: Ipratropium-Albuterol Inhalation solution 0.5-2.5 (3) milligrams (mg)/3 milliliters (ml) 1 vial inhale orally every 6 hours as needed for wheezing, oxygen at three liters per minute (lpm) via nasal cannula, continuous, titrate to keep oxygen at or above 91% every shift for COPD, and replace all oxygen and nebulizer tubing on Sundays.</p> <p>Further review of the physician orders revealed there was no physician order for R62's cipap.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 06/20/24 at 12:40 PM, the Director of Nursing (DON) said R62 required cipap prior to residing in the facility. She said residents required a physician order to use cipap. The DON confirmed R62 did not have a physician order for cipap.</p> <p>During an observation on 06/18/24 at 10:50 AM, R62's cipap mask was observed on the bedside table, uncovered/unbagged, the oxygen unit had dust and grime on the outside, and the oxygen filter had dust particles.</p> <p>During an interview on 06/18/24 at 1:45 PM, R62 said the staff take care of her oxygen and breathing equipment. She said they change the oxygen tubing weekly and clean the mask used for her breathing medications after each use. R62 said the staff do not clean the mask used to help her breathe at night very often.</p> <p>During an interview on 06/20/24 at 9:09AM, Registered Nurse (RN) 1 stated cipap, bipap, and nebulizer masks were to be stored in a plastic bag. She said the Certified Nursing Assistants (CNAs) and nurses assisted R62 with removing her cipap mask upon her request. She said the nurses and CNAs were to clean R62's cipap mask daily, air dry, and keep the mask in a plastic bag. RN1 said the nurses cleaned R62's nebulizer mass after medication administration, air dried the mask and chamber, and then placed the items in a plastic bag. RN1 said she was not aware of any procedures for cleaning cipap/bipap tubing, and how often to replace the tubing and masks. She said she had never cleaned any residents' cipap/bipap tubing and filters, replaced the tubing and filters, and did not know who was responsible for this.</p> <p>During an observation on 6/19/24 at 7:10 AM, 1:45 PM, and 5:10 PM the oxygen unit remained dusty with grime, the nebulizer machine was dusty, the cipap machine had dust and some type of clear dried fluid on the top of the unit, and the oxygen filter had dust particles hanging from the filter. The cipap mask was lying uncovered/unbagged, directly on the floor.</p> <p>During an observation and interview on 06/19/24 at 5:15 PM, the Infection Control Preventionist (ICP) stated R62's oxygen, nebulizer and cipap units were dusty and grime. The oxygen filter had a lot of dust. The ICP confirmed the cipap mask was lying uncovered/unbagged directly on the floor and said it was an infection control issue. She said the issues would be addressed.</p> <p>2. Review of R24's Admission Record located under the Profile tab of the EMR, revealed R24 was admitted on [DATE] with diagnoses of chronic respiratory failure with hypoxia, COPD, pneumonia, and pulmonary edema.</p> <p>Review of R24's Care Plan located under the Care Plan tab in the EMR, dated 05/06/24 documented: Alteration in Respiratory Status Due to COPD; administer oxygen as needed per physician order, observe oxygen saturations on room air and/or oxygen, and observe oxygen flow rate and response.</p> <p>Review of R24s quarterly MDS located in the EMR under the MDS tab with an ARD of 05/21/24, revealed the resident had a BIMS score of 15 out of 15, indicating R24 was cognitively intact and used oxygen.</p> <p>Review of R24's Physician Order Sheet, located in the EMR under the Orders tab, revealed the following order dated 05/20/24 documented: Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG/3ML (Ipratropium-Albuterol) 3 ml inhale orally four times a day related to COPD.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of a further order dated 05/21/24 documented: BiPAP at night (Inspiratory Positive air pressure (IP) of 14, rate of 10, Expiratory positive air pressure (EP) of 8) and prn - bleed in one lpm of Oxygen titrate>= 91% - titrate to comfort.</p> <p>Further review of the physician order dated 05/22/24 documented: O2 at: one lpm, via nasal cannula on concentrator or on portable tank continuously for ADLs [Activities of Daily Living] and out of the room COPD Keep SATs [saturation] at 91% or greater every shift.</p> <p>Further review of the physician order dated 05/26/24 documented: change oxygen tubing weekly.</p> <p>During an observation on 06/18/24 at 2:43 PM, R24's oxygen tubing that was connected to a connector on her bipap unit was dated 04/25/24 and there was no date on the bipap tubing. The oxygen unit was dusty with black grime and had dust particles in the filter. The nebulizer mask was observed uncover/unbagged lying with the inside of the mask on the on top of the nebulizer unit, which was dusty. R24's oxygen rate was at 2.5 liters per minute (lpm).</p> <p>During an interview on 06/18/24 at 2:43 PM, R24 said the staff take care of her oxygen equipment. She said the staff always cleans her nebulizer mask after she receives her medication and lets it dry on her bedside table. R24 said sometimes they forget to put the nebulizer mask in a bag once dry. She said sometimes the staff clean her bipap mask. When told her oxygen rate was at 2.5 lpm, R24 stated that was the correct rate.</p> <p>During an interview on 06/20/24 at 8:35 AM CNA3 said the maintenance staff cleans the oxygen and other respiratory units. She said she never cleans any of the oxygen units or other respiratory units used by the residents.</p> <p>During an interview on 06/19/24 at 7:55 AM with CNA1 and on 06/20/24 at 8:40 AM, with CNA2, they said they never clean or touch the oxygen and other respiratory units. CNA2 said the nurses clean that equipment and CNA1 did not know who cleaned respiratory units.</p> <p>During an interview on 06/19/24 at 10:00 AM, the housekeeper/laundry aide (LA)1 said she cleans only the top of the oxygen unit if it is dirty. She said she never cleans the front of the oxygen unit, where the dial is located and never touches any other equipment.</p> <p>During an interview on 06/20/24 at 9:49 AM, the Maintenance Supervisor said he was not involved with checking respiratory units and filters for cleanliness.</p> <p>During an observation on 06/19/24 at 10:01 AM and 4:20 PM, R24's oxygen rate was at 2.5 lpm, the oxygen tubing that was connected to the bipap tubing was dated 04/25/24, the nebulizer mask was uncovered/unbagged lying on the dusty nebulizer unit, and the oxygen unit had dust and grime. R24 was using her bipap unit at 10:01 AM and her oxygen via nasal canula at 4:20 PM.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation and interview on 06/19/24 at 4:30 PM, the unsanitary oxygen, bipap, and nebulizer units were reviewed with the DON. R24 was receiving oxygen via a nasal canula. The DON confirmed R24's oxygen, bipap, and nebulizer units were unsanitary, and her nebulizer mask was lying uncovered/unbagged, directly on the unsanitary nebulizer unit. She said nebulizer masks were to be stored in a plastic bag. The DON stated the facility did not have a specific policy on the cleaning of oxygen, bipap, cipap, and nebulizer units and bipap/cipap masks, and how often the masks were to be cleaned and changed.</p> <p>During an observation and interview on 06/20/24, at 9:09 AM, RN1 stated R24 received oxygen at one lpm via the nasal canula or the bipap unit. She stated she checks R24's oxygen rate and assesses her respiratory status during her shift and R24's pulse oximetry rate (POX) has always been greater than 91%. RN1 confirmed R24 was currently receiving oxygen at 2.5 lpm via her bipap, the oxygen flow rate was incorrectly set at 2.5 lpm and did not match the physician order for oxygen at one lpm.</p> <p>RN1 said when the oxygen unit sounds, the staff alerts her, and she always checks the unit is plugged in and the filter is clean. RN1 said otherwise, she does not check the filter on the oxygen unit.</p> <p>During an interview on 06/20/24 at 12:08 PM, the DON said R24's physician oxygen rate order was confusing. She said when titrating oxygen, there was to be a physician's order for parameters for oxygen titration for a specified POX level. The DON confirmed that although R24's physician order was for oxygen at one lpm, her oxygen rate was at 2.5 lpm. The DON said the POX was to be maintained at 91% with no order to adjust the oxygen rate if needed.</p> <p>The DON said the housekeeping staff were to clean the outside of the oxygen units as needed during resident room cleaning and the CNAs were to clean the outside of the nebulizer and cipap/bipap units when needed. The DON said the nurses were to ensure oxygen filters were clean.</p> <p>Review of R24's bipap unit User [NAME] dated 2018 documented, .the reusable blue pollen filter was to be rinsed every two weeks and replace it with a new one very six months. The disposable light-blue ultra-fine filter should be replaced after 30 nights of use or sooner if it appears dirty or damaged .hand wash the tubing and the mask adaptor (if included) before first use and daily.</p> <p>Review of for R62's undated cipap unit User Manual documented, .daily mask cleaning . and weekly cleaning of the air tubing and cipap unit.</p> <p>During an interview on 06/20/24 at 12:37 PM, the Regional Nurse Consultant (RNC) said although there was no current policy on the cleaning of cipap and bipap units and masks and the requirement for the changing of the tubing and masks, he said the facility was to use the manufacturer's policy/procedure for the specific bipap/cipap unit. He said the representative from the company where the bipap/cipap were rented told him the cipap/bipap tubing was to be changed every three months unless dirty. He said the oxygen tubing connected from the oxygen unit to R24's bipap tubing was to be changed every week.</p> <p>3. Review of the facility's policy titled Nebulizer Therapy dated 05/04/22 revealed, 1. Clean after each use .4. Rinse the nebulizer cup and mouthpiece with sterile or distilled water. 5. Shake off excess water. 6. Air dry on an absorbent towel. 7. Once completely dry, store the nebulizer cup and mouthpiece in a zip lock bag. 8. Change the nebulizer tubing at least weekly and as needed.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the undated Maintenance instruction sheet revealed, remove each filter and clean at least once a week depending on environmental conditions.</p> <p>Review of the facility's policy titled Oxygen Concentrator dated 09/01/21 revealed, follow manufacturer recommendations for the frequency of cleaning filters and servicing the device.</p> <p>Review of R45's Admission Record, located under the Profile tab of the EMR, revealed R45 was admitted on [DATE] with diagnoses of chronic respiratory failure with hypercapnia and chronic obstructive pulmonary disease.</p> <p>Review of R45's quarterly MDS located in the EMR under the MDS tab with an ARD of 05/13/24, revealed the resident had a BIMS score of 15 out of 15, indicating R45 was cognitively intact.</p> <p>Review of R45's Physician Order Sheet located in the EMR under the Orders tab, revealed the following order dated 05/07/24: Ipratropium-Albuterol Solution 0.5-2.5 (3) milligrams/3 milliliter inhale orally four times a day for wheezing.</p> <p>Review of R45's Care Plan, located in the EMR under the Care Plan tab, revealed the following: The resident has emphysema/COPD. Interventions included the following, administer oxygen as ordered and give aerosol or bronchodilators as ordered.</p> <p>During an observation on 06/17/24 at 9:48 AM, R45's nebulizer medication chamber and mouthpiece were unbagged with liquid in the medication chamber. She also had a dirty filter on her oxygen concentrator. The filter was completely covered with thick white dust.</p> <p>During an interview on 06/17/24 at 1:51 PM, Licensed Practical Nurse (LPN)1 verified liquid was present in R45's medication chamber. She stated the liquid was water. She stated the medication chambers should be rinsed, dried, and bagged after each use.</p> <p>During an interview on 06/17/24 at 1:54 PM, the DON stated the nurses should rinse the medication chamber after each use with soap and water and place the equipment on a paper towel to dry. She then stated the equipment would be placed in a bag until the next use. The bags and tubing should be dated and changed once per week.</p> <p>During an observation on 06/17/24 at 3:03 PM, R45's nebulizer mask and chamber were still unbagged with liquid in the medication chamber. R45 stated the nurse did not stay with her during nebulizer treatments.</p> <p>During an observation on 06/18/24 at 9:05 AM, R45's oxygen concentrator still had a dirty filter. It was covered with thick dust so you could not see what color the filter should be. The resident stated she had never observed staff clean her oxygen concentrator.</p> <p>During an interview on 06/18/24 at 11:33 AM, the RNC verified R45's oxygen concentrator filter was clogged with dust and was not getting the proper air flow. R45 told the RNC her filter hadn't been changed since she was admitted .</p> <p>During an interview on 06/18/24 at 11:35 AM, LPN1 stated the oxygen concentrator filters should be cleaned once per week, but she was not sure who was responsible for cleaning them.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 06/18/24 at 11:38 AM, the RNC stated the policy was to change the filters monthly or per manufacturer recommendations. The RNC stated some of the concentrators were rentals and cared for by the rental company.</p> <p>During an interview on 06/18/24 at 11:40 AM, the DON stated oxygen filters should be checked weekly when the oxygen tubing and masks were changed. She stated the filters were changed per manufacturer guidelines.</p> <p>During an interview on 06/19/24 at 11:58 AM, the RNC stated the rental company for oxygen concentrators came annually to change the internal filters and staff were responsible for cleaning and changing the external filters weekly. He confirmed staff should have changed R45's oxygen concentrator filter.</p> <p>4. Review of R53's Admission Record, located under the Profile tab of the EMR, revealed R53 was admitted on [DATE] with diagnoses of chronic systolic (congestive) heart failure and personal history of pneumonia (recurrent).</p> <p>Review of R53's quarterly MDS located in the EMR under the MDS tab with an ARD of 05/18/24, revealed the resident had a BIMS score of 15 out of 15, indicating R53 was cognitively intact.</p> <p>Review of R53's Physician Order Sheet located in the EMR under the Orders tab, revealed the following order dated 04/15/22: Ipratropium-Albuterol Solution 0.5-2.5 inhale orally four times a day.</p> <p>Review of R53's Care Plan with a date of 06/01/24, located in the EMR under the Care Plan tab, revealed there was no documentation regarding the resident's respiratory diagnosis.</p> <p>During an observation on 06/17/24 at 10:42 AM, R53's nebulizer mouthpiece and medication chamber were unbagged at the bedside. A liquid residue was observed in the medication chamber.</p> <p>During an interview on 06/17/24 at 10:42 AM, R53 stated he takes breathing treatments four times a day.</p> <p>During an interview on 06/17/24 at 1:51 PM, LPN1 verified liquid was present in R53's medication chamber. She stated the liquid was water. She stated the medication chambers should be rinsed, dried, and bagged after each use.</p> <p>During an observation on 06/18/24 at 9:00 AM, R53's nebulizer mouthpiece and medication chamber were still at the bedside unbagged and undated with liquid in the medication chamber.</p> <p>30622</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>30622</p> <p>Based on observations and interview, the facility failed to ensure the daily nurse staff posting was available for all residents, families, and visitors. This failure had the potential to inaccurately inform any resident, family member, or visitor of the facility of the available nursing staff caring for residents.</p> <p>Findings include:</p> <p>During observations on 06/18/24 at 8:45 AM, 06/19/24 at 10:00 AM, and 06/20/24 at 12:30 AM, the daily staff posting, posted across from the Director of Nursing Services (DNS) office, was still the posting for 06/17/24.</p> <p>During an interview on 06/20/24 at 11:34 AM, the Staff Schedule Coordinator verified the last nursing posting was dated 06/17/24. She stated during the weekends the weekend manager was responsible for completing the forms and posting them, and she was responsible for completing them and posting them during the week.</p> <p>During an interview on 06/20/24 at 12:33 PM, the Administrator stated the staffing sheet should be updated daily and posted in the morning each day. She stated the staffing coordinator posted it Monday through Friday and the manager on duty (MOD) or charge nurse fill it out and post it on the weekends.</p> <p>During an interview on 06/20/24 at 1:10 PM, the Human Resource Specialist stated they did not have a company policy regarding posting the daily staffing sheet.</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43353</p> <p>Based on record review, interviews, and policy review, the facility failed to provide documentation of behavior monitoring for the continued use of an antipsychotic medication for one of five residents (Resident (R)121) reviewed for unnecessary medications. Failure to provide quantitative data regarding target behavior reduction/management has the potential to affect the resident receiving the lowest dose possible of a psychoactive medication.</p> <p>Findings include:</p> <p>Record review of the facility's policy titled, Use of Psychotropic Drugs revised on 09/01/21, indicated Policy: Residents are not given psychotropic drugs unless the medication is necessary to treat a specific condition, as diagnosed and documented in the clinical record, and the medication is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication(s) . 3. The attending physician will assume leadership in medication management by developing, monitoring, and modifying the medication regimen in collaboration with residents, their families and/or representatives, other professionals, and/or the interdisciplinary team .11. The resident's response to the medication(s), including progress towards goals and presence/absence of adverse consequences, shall be documented in the resident's medical record .</p> <p>Review of R121's Admission Record under the Profile tab of the electronic medical record (EMR) revealed an admitted [DATE]. Review of the Diagnosis tab of the EMR revealed diagnoses of depression and anxiety,</p> <p>Review of R121's quarterly Minimum Data Set (MDS) assessment, with an assessment reference date (ARD) of 05/06/24 and located in the MDS tab with a Brief Interview for Mental Status (BIMS), score of 15 of 15 which indicated the resident was cognitively intact.</p> <p>Review of R121's June 2024 Medication Administration Record (MAR) under the report tab of the EMR revealed the following current psychotropic medication orders:</p> <ul style="list-style-type: none"> - Aripiprazole (Antipsychotic medication), 5 milligrams (MG), dated 02/27/24 to be given at 6:00 AM - 10:00 AM for depression. - Buspirone (antianxiety medication),10 MG, dated 09/27/23 to be given at 7:00 AM, 1:00 PM, and 7:00 PM for anxiety. - Fluoxetine (antidepression medication) 80 MG dated 09/27/23 to be given at for 6:00 AM - 10:00 AM for depression. - Hydroxyzine (antihistamine medication to treat anxiety), 50 MG dated 05/02/24 to be given every six hours as needed for anxiety for 14 days with end date 07/04/24. <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R121's EMR Physician's orders under the Orders tab revealed there was no order to monitor or document the resident's behaviors related to the use of her psychotropic medications.</p> <p>Interview on 06/20/24 at 2:15 PM, Registered Nurse (RN) 1 stated, We do document the effects of psychotropic medications. Review of the document provided by RN1 revealed no behavior monitoring, only for side effect monitoring. RN1 stated, If there are any unusual behaviors, then we chart them in progress notes. RN1 showed in the EMR's Progress notes where she documents that she monitored for side effects of medications, however, there was no documentation of behavior monitoring.</p> <p>In an interview on 06/20/24 at 3:42 PM, the Administrator stated, We should have caught the behavior monitoring in morning meetings when we discuss it. The Administrator stated there should have been an order for behavior monitoring for the use of psychotropic medications.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>29015</p> <p>Based on observations, interviews, and policy review, the facility failed to ensure for one Resident (R)26) of one resident in the sample of 33 residents. The nursing staff failed to follow the facility's policy to secure 17 insulin pens in the medication cart or medication room. This practice could potentially affect the safe administration of residents' medications.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Medication Storage dated 09/01/21 revealed, It is the policy of this facility to ensure all medications housed on our premises will be stored in the .or medication rooms according to the manufacturer's recommendations .all drugs and biologicals will be stored in locked compartments (i.e., medication carts, cabinets, drawers, refrigerators, medication rooms) under proper temperature controls.</p> <p>During observations of R26's room on 06/17/24 at 11:15AM, there were two full vials of the medication albuterol sulfate next to the nebulizer machine.</p> <p>Review of R26's Physician Orders dated 06/14/24 in the Orders tab of the EMR revealed Ipratropium-Albuterol Solution 3mg [milligram] /3ml [milliliter] via inhale orally every 6 hours for shortness of breath. Further review of the Physician Orders revealed no order for R26 to self-administer the albuterol sulfate medication.</p> <p>Review of R26's EMR revealed no documentation of a self-administration of medication assessment.</p> <p>During an interview with Registered Nurse (RN)3 on 06/17/24 at 11:24AM, RN3 confirmed the observation of the two vials of albuterol located at R26's nebulizer machine. RN3 stated medication was not supposed to be at the bedside.</p> <p>During an observation of the 500-unit medication cart on 06/17/24 at 11:54AM, there were 17 insulin pens on top of the medication cart. RN3 was observed down the hallway away from the medication cart. There were no other nurses in the vicinity of the medication cart.</p> <p>Interview on 06/17/24 at 11:54AM, the Director of Nursing (DON) confirmed the observation of the 17 insulin pens on top of the medication cart. The DON was asked her expectations regarding nursing staff leave insulin pens on top of the medication cart or at the resident's bedside. The DON responded that she expects the medications to be in the cart, and that medications are not to be left at the resident's bedside.</p> <p>During an interview on 06/17/24 at 12:12 PM, the Administrator was questioned about her expectations related to medications left at the resident's bedside, and on-top of the medication cart. Administrator responded I expect the medications to not be left at the bedside, and not left on top of the medication cart.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>11599</p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure dry foods were stored in sealed containers for food freshness and protection from pest for all 128 residents who received food prepared in the kitchen.</p> <p>Findings include:</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>1. All food service areas shall be kept clean, sanitary, free from litter, rubbish and protected from rodents, roaches, flies and other insects.</p> <p>During the initial tour of the kitchen, on 06/17/24 at 9:01 AM, with the Dietary Manager (DM), the following was observed:</p> <p>a. Two 25 pound bags of breadcrumbs were observed in a small storage room adjacent to the larger dry storage room. One of the two bags was open to air, undated, and unsealed. The second 25 pound bag was unopened. Both bags were made of paper. Neither was in a sealed container, subject to insects, pests, or rodents.</p> <p>b. Three 18 gallon plastic containers were placed next to each other between the ends of a metal shelf. The containers were wider at the top than the bottom and did not fit flush against each other, which did not allow for the lids to be closed. Each container had a different dry cereal bagged and unbagged (spilled) inside which allowed for potential insects, pests, or rodents to access the food.</p> <p>The observations were confirmed by the DM.</p> <p>During the second tour of the kitchen, on 06/20/24 at 1:57 PM, with the DM, the three 18 gallon plastic containers, with bagged dry cereal inside, located on the metal shelf remained with the lids askew and unsealed.</p> <p>The second observations were confirmed by the DM, Registered Dietician, and the Maintenance Supervisor(MS) on 06/20/24 at 2:16 PM.</p> <p>In an interview on 06/20/24 at 2:20 PM, the DM stated she understood the concerns.</p> <p>Review of the facility's policy titled, Sanitation Inspection, with an assessment reference date (ARD) of 09/01/21 noted It is the policy of this facility, as per [part] of the department's (sic) sanitation program, to conduct inspections to (sic) ensure (sic) food service areas are clean, sanitary and in compliance with applicable state and federal regulations.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 11599</p> <p>Based on observations, interviews, record review, and facility policy review, the facility failed to implement an appropriate infection control program for eight of 33 residents (Resident) R)6, R24, R34, R47, R61, R79, R94, and R115 resulting in psychosocial harm to R61. Specifically, the facility failed to 1. follow their policy for isolation during treatment for scabies for R61; 2. follow enhanced barrier precautions for six residents R6, R24, R94, R115, R34 and R47; and 3. follow appropriate hand hygiene during meal service for R79.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Transmission -Based Precautions, dated 2021, provided by the Infection Control Preventionist (ICP) indicated, It is our policy to take appropriate precautions to prevent transmission of infectious agents, based on the agents' modes of transmission. For the Infection/Condition of scabies, the Precaution indicated listed as contact; with the Duration identified as until 24 hours after initiation of treatment. The facility failed to initiate isolation for R61 when treated for scabies in March, April, and May.</p> <p>Review of R61's Admission Record located under the Profile tab in the electronic medical record (EMR) revealed R61 was admitted on [DATE].</p> <p>Review of R61's annual Minimum Data Set (MDS), with an assessment reference date of 01/03/24 indicated R61 had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R61 was cognitively intact.</p> <p>During an interview and observation on 06/18/24 at 11:45 AM, when asked what was on her shirt, R61 said, maybe blood. I supposedly have scabies, for two to three months. It itches so bad; it drives me crazy. I can't sleep. At 3:00 AM the other day, I said get me something [for the itching] or get a gun. I can't stand the itching. It is so terrible! R61 was observed with blood spots all over the front of her shirt. R61 showed her chest and was observed to have numerous red, scabbed areas. R61 was visibly upset and said, I don't know why they can't figure it out. I don't know where I would get scabies. I don't go anywhere. R61 confirmed that the scabies were very painful.</p> <p>Review of the Physician Orders, located under the Order tab in the EMR revealed R61 was seen by the Nurse Practitioner (NP) on 03/13/24 and the following orders were given: External Powder 100000 UNIT/GM [gram] (Nystatin [Topical] [Antifungal medication] Apply to affected area topically every shift for candidiasis for 14 Days and hydroXYZine HCl Oral Tablet 25 MG [milligram] [antihistamine medication] Give 1 tablet by mouth as needed for itching for 14 Days TID [three times per day] PRN [as needed]. There was no identification of scabies.</p> <p>Review of the weekly skin assessment, located under the Documents tab dated 03/22/24 indicated that R61 was identified to have scattered rash to back and chest, communication left for PCP [primary care physician.]</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Physician Communication Form, located at the nurses' station, dated 03/21/24 read resident has a rash on back and around bra line. Not improving. She would like you to assess it. The physician response read Appears Scabies. An order for Permethrin cream 5%; apply to entire body below neck leave on for 8 hours then shower.</p> <p>During an interview with the Maintenance Supervisor (MS), who also supervised the housekeeping staff, on 06/18/24 at 2:59 PM, he said, yes, I was made aware [of possible scabies]. The treatment involves: bag all linens, all clothes, curtains, cleaned roommate clothing, got rid of her chair, treated with Sterafab. The MS was notified by a day shift Registered Nurse (RN) on 03/23/24 at 9:15 AM per his cell phone record. No other documentation was presented to confirm other notifications or cleaning of room, linens, or clothing. The MS said the room, linens, clothing had been cleaned but the chair had not been removed from the room until 06/13/24 when a substitute was provided.</p> <p>Review of the EMR revealed that there was no evidence the resident was placed on contact isolation, per the facility policy, during the 03/23/24 treatment for scabies. Review of the 03/23/24 Nurses Progress note in the EMR under the Progress Notes tab revealed the physician ordered Permethrin cream 5% and resident aware of new order.</p> <p>During an interview on 06/18/24 at 2:34 PM, the Infection Control Preventionist (ICP) stated, I was not in the loop then, now I'm in the mix. There may have been some confusion on what type of isolation. The ICP was unable to confirm if R61 was placed on contact isolation, per the facility policy, on 03/23/24 during treatment for scabies.</p> <p>Review of a Physician Communication Form, located at the nurses' station dated 04/19/24, sent to the physician read, Resident was treated with Permethrin for poss (possible) scabies several weeks ago. Resident said it really helped. Continues to itch and have rash on upper back, shoulders, and breasts. Resident want to be treated again with Permethrin. The physician's response was ok [okay] to repeat order one more time.</p> <p>Review of the Nurse's Progress Notes under the Progress Notes tab of the EMR dated 04/20/24 noted an order for permethrin 5% cream was ordered after the physician rounding. The progress note read, resident aware of new order.</p> <p>During an interview with the ICP and the MS, on 06/18/24 at 3:00 PM, the ICP denied knowledge of contact isolation for R61 at the time of the 04/23/24 treatment stating, the nurses know what to do. The MS had no evidence that R61's room had been cleaned at the time of the treatment.</p> <p>Review of an undated physician communication form, located at the nurses' station, read obtained 5/6 derm [dermatologist] appt. [appointment] in response to resident complains of itching chest and upper body . was treated last week for scabies, looks more like contact derm. [dermatitis].</p> <p>Review of the dermatology note provided by the Administrator, identified R61 had a dermatology appointment on 05/06/24 which noted, scabies prep negative. For the Assessment/Plan, the document read Pruritus with excoriation; acute; scabies prep was negative, however this could be a false negative. Discussed post-scabic pruritus can last up to 3 months (patient partially treated 4 weeks ago); plan to re-treat with Permethrin cream from neck down overnight and rinse in morning. Repeat in one week. Instructions for treating bedding/clothing provided for patient. Plan for Triamcinolone ointment corticosteroids medication] BID [twice per day] PRN pruritus. RTC [return to clinic] 3 months.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Progress Notes, located under the Progress Notes tab in the EMR dated 05/08/24, revealed a second order of Pemethrin cream 5% apply to entire body, then in one week and Hydroxyzine BID PRN x 14 [days]. Room to be tx [treated] as well. Maint [maintenance] Notified.</p> <p>Review of the May MAR indicated R61 received two treatments, as ordered, on 05/08/24 and 05/16/24.</p> <p>In an interview on 06/18/24 at 2:59 PM, the MS stated he did not have documentation to show that the room, linens, bedding, or clothes had been cleaned in relation to the treatment for scabies in May. The MS said the resident's chair was not removed until 06/13/24 when they were able to bring another chair from storage. The MS said the current replacement chair had not been cleaned or treated in any way.</p> <p>In an interview on 06/18/24 at 3:00 PM, the ICP denied knowledge if R61 had been on contact isolation during the 05/08/24 or 05/16/24 treatments for scabies per the facility policy.</p> <p>Review of the Nurses Progress Notes dated 06/18/24 in the EMR under the Progress Notes tab revealed the resident was seen by the Nurse Practitioner (NP), who ordered Permethrin 5% topical, housekeeping, charge nurse, ADM [Administrator] notified.</p> <p>Per the Progress Notes dated 6/19/24 in the EMR under the Progress Notes tab indicated the order was discontinued, due to the Administrator contacting R61's physician and discussed the dermatology report dated 05/06/24 which indicated, scabies scrape negative. The notation by the Administrator read, 6/19/2024 21:17 Spoke to (R61's physician) regarding holding Permethrin application tonight. (R61's physician) on 6/20/24 at 0715 to assess resident to determine treatment path. Will keep resident in contact isolation until assessment is made.</p> <p>In an interview on 06/18/24 at 2:34 PM, the ICP stated, I don't know who initially identified it [scabies]. When asked what nursing staff were to do regarding notification and procedures when a resident was identified to have scabies, the ICP stated to notify her with either a phone call or memo. The ICP denied knowledge of the three treatments for scabies in March, April, and May 2024 for R61 or if R61 had been placed on contact isolation during treatment.</p> <p>During a telephone interview with the NP on 06/18/24 at 3:40 PM, the NP stated that this was her first time seeing R61. The NP asked how she was made aware the resident had scabies and she stated, before seeing her I talked to nurse about what was going on with the resident. She had seen a dermatologist, had a diagnosis, treatment for it, still having trouble with it. I called a pharmacist who said there are resistant cases of scabies, and this is the treatment to go with. When asked if it was her expectation that a resident with scabies be placed on contact isolation. The NP stated, Yeah, that's why I had the ICP take care of this.</p> <p>During an interview on 06/18/24 at 3:25 PM, the Director of Nursing (DON) stated, the scabies were identified in March. The room was treated, and she was rechecked for scabies. The DON was asked to provide the documentation of the retesting. As of 06/19/24 at 4:00 PM no documentation was provided. When asked if it was the facility's protocol to have a roommate when one has a diagnosis of scabies, the DON said, Well, she (roommate) did not have any symptoms, and we talked to the roommate and her family member who visits.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a telephone interview with the Medical Director/R61's physician on 06/18/24 at 3:55 PM, the Medical Director stated, it is not very common to retreat so often. The facility should use universal precautions. It should be the policy of the facility to do all the laundry, all the clothes, and towels. I would expect the standard procedure of contact isolation. In regard to having a roommate, the Medical Director said, that's a good question, if they keep the contact isolation, I'm not sure, it may be possible, I don't know.</p> <p>During an interview on 06/18/24 at 4:17 PM, the Administrator confirmed that R61 should have been in isolation during the treatments.</p> <p>During an observation on 06/18/24 at 5:30 PM, R61's room was identified to have contact isolation signage in place, and an order had been given for treatment of the scabies. The signage was subsequently removed on 06/18/24 as the Administrator spoke with R61's physician who discontinued the treatment based on the dermatology report dated 05/06/24.</p> <p>R61's room as observed at 7:00 AM on 06/19/24 without contact isolation signage on her door.</p> <p>On 06/19/24 at 9:15 AM, the Administrator was asked about the isolation status for R61. The Administrator stated, we took her off after the Nurse Consultant read the dermatology report that noted the scraping for scabies was negative. We called the physician and had the orders discontinued for the treatment because the previous treatments had not worked. When asked about the statement in the report, scabies prep negative, however, this could be a false negative. Plan to re-treat with Permethrin cream, the Administrator said she had not read the second page of the report.</p> <p>During an observation and interview on 06/19/24 at 12:30 PM, R61 was again placed on contact isolation. The Administrator stated that signage was posted, as a precaution as there was no specific identification of scabies or not.</p> <p>During an interview on 06/20/24 at 9:45 AM with R61 and the Administrator, R61 stated, I used to go to the dining room and see everybody, I would play music on my phone for our table. I stopped going because of this (showed upper arm), no one wants to see someone scratching when they're eating. R61 said to the Administrator, another thing, because I don't get to the dining room, I don't exercise as much, and now I'm weak, I feel like I'm going to fall. When asked about the length of time the resident has experienced significant itching, pain, isolation, and less exercise, R61 stated, I want to get it figured out, stop itching, and do the things I want.</p> <p>2. Review of the facility's policy titled Enhanced Barrier Precautions (EBP) revised 03/28/24, revealed it is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. Definition: Enhanced barrier precautions (EBP refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities .Initiation of EBP: .An order for enhanced barrier precautions will be obtained for residents with any of the following: i. Wounds (e.g., chronic wounds such as pressure ulcers, diabetic foot ulcer, unhealed surgical wounds, and chronic venous stasis ulcers) and/or indwelling medical devices (e.g., central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes) even if the resident is not known to be infected or colonized with Multi-drug Resistant Organisms (MDRO). ii. Infection or colonization with Center for Disease Control (CDC)-targeted MDRO when Contact Precautions do not otherwise apply.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>MDROs for which EBP applies are based on local epidemiology. At a minimum, they should include resistant organisms targeted by CDC but can also include other epidemiologically important MDROs.</p> <p>Examples of MDROs targeted by CDC include a. Methicillin-resistant Staphylococcus aureus (MRSA) .</p> <p>Implementation of Enhanced Barrier Precautions:</p> <p>a. Make gowns and gloves available immediately near or outside of the resident's room. Note: face protection may also be needed if performing activity with risk of splash or spray (i.e., wound irrigation, tracheostomy care).</p> <p>b. PPE for enhanced barrier precautions is only necessary when performing high-contact care activities and may not need to be donned prior to entering the resident's room.</p> <p>c. Ensure access to alcohol-based hand rub in every resident room (ideally both inside and outside of the room).</p> <p>d. Position a trash can inside the resident room and near the exit for discarding PPE after removal, prior to exit of the room or before providing care for another resident in the same room .</p> <p>High-contact resident care activities include:</p> <p>a. Dressing</p> <p>b. Bathing</p> <p>c. Transferring</p> <p>d. Providing hygiene</p> <p>e. Changing linens</p> <p>f. Changing briefs or assisting with toileting</p> <p>g. Device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes</p> <p>h. Wound care: any skin opening requiring a dressing</p> <p>7. Enhanced barrier precautions should be followed outside the resident's room when performing transfers and assisting during bathing in a shared/common shower room and when working with residents in the therapy gym, specifically when anticipating close physical contact while assisting with transfers and mobility.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>8 . Enhanced barrier precautions should be used for the duration of the affected resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk .</p> <p>Review of the facility's current positive cultures for R6, R24, R94 and R115, provided by the ICP, revealed the following:</p> <p>R6-Methicillin Resistant Staphylococcus Aureus (MRSA), Proteus mirabilis (Proteus mirabilis is a gram-negative facultative anaerobe with swarming motility and an ability to self-elongate and secrete a polysaccharide which allows it to attach to and move along surfaces like catheters, intravenous lines, and other medical equipment) dated 05/25/24, source of culture-chronic leg wound.</p> <p>R24-MRSA, Group A Strep, Proteus mirabilis dated 05/22/24, source of culture-chronic leg wound</p> <p>R94-MRSA, Group A Strep, Corynebacterium in wound culture dated 05/30/24, source of culture-chronic open wound</p> <p>R115-Group A Strep, MRSA, dated 4/24, source of culture-open wound</p> <p>During observations of R6 on 06/18/24 at 9:53AM and 06/19/24 at 3:23PM; of R94 on 06/17/24 at 10:03AM, 06/18/24 at 10:29AM, and 06/20/24 at 8:45AM; of R24 on 06/18/24 at 9:41AM, and 06/19/24 at 10:57AM; of R115 on 06/17/24 at 9:08AM, 06/19/24 at 10:15AM and of R34 on 06/18/24 at 4:56PM and 06/19/24 at 11:53 AM revealed these residents were not placed on EBP, There were no signs on the residents' room doors, Personal Protective Equipment (PPE) was not available outside the room, and staff were observed not wearing PPE when entering the residents' rooms and performing high-contact care activities.</p> <p>Observation of R34 on 06/18/24 at 4:56PM and 06/19/24 at 11:53AM and R47 on 06/17/24 at 3:18PM and 06/18/24 at 4:21PM revealed these residents were not placed on EBP. There were no signs on the residents' room doors, PPE was not available outside the room, and staff were observed not wearing PPE when entering the residents' rooms and performing high-contact care activities.</p> <p>During an interview on 06/18/24 at 3:51PM the ICP provided a list of residents that she felt needed to be on EBP based on the CDC guidance on EBP criteria. The ICP confirmed that R34 and R47 was receiving peritoneal dialysis and should be on EBP.</p> <p>During an interview on 06/19/24 at 11:00AM the Administrator stated her expectations with residents that have positive cultures that they are first assessed to see if they are colonized and follow up with ICP for enhanced barrier precautions/or appropriate precautions. Administrator stated she was aware of the ICP's list of residents requiring precautions. She was not aware of the residents that have positive cultures.</p> <p>3. During an observation on 06/17/24 at 12:35 PM, the Medical Records Supervisor (MRS) took a meal tray into the room of Resident (R) 79 and did not perform hand hygiene after entering room and R79's bedside table and prior to leaving R79's room.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 06/17/24 at 12:36 PM, Certified Nurse Aide (CNA) 6 removed four meal trays from the lunch cart and delivered them to four different residents' rooms without performing hand hygiene after leaving each room. CNA6 was observed in each resident's room touching each resident's bedside table.</p> <p>During an observation on 06/17/24 at 12:37 PM, the MRS took sugar into R79's room. R79 did not perform hand hygiene after touching the bedside table and prior to leaving R79's room.</p> <p>Interview on 06/17/24 at 12:45 PM, CNA6 stated, I was trained to sanitize before going in and after leaving residents' rooms while passing trays. I haven't done it between each this time.</p> <p>Interview on 06/19/24 at 3:40 PM, the Staff Schedule Coordinator (SSC) stated, Hand hygiene is done before and after going in a room, after touching residents, and between passing trays . We do hand hygiene to stop spreading germs, bacteria, and good practice to wash. The SSC stated, staff received training on hand hygiene every six months.</p> <p>Interview on 06/19/24 at 4:23 PM, CNA5 stated, . The basics of infection control, always wash hands . anytime with food.</p> <p>Interview on 06/20/24 at 8:35 AM, the MRS stated, We do hand hygiene when you go in a room, between resident's cares or when hands are dirty or visibly dirty. During meal service we must sanitize before and after every tray that's handed out.</p> <p>Interview on 06/20/24 at 8:45 AM, Certified Medication Tech (CMT) 1 stated, We're supposed to hand sanitize before we walk in each room, when they're soiled, when we leave the room, anytime we come in contact with resident or personal belongings, and in between each meal tray so we don't spread germs.</p> <p>Interview on 06/20/24 at 9:04 AM, the DON stated, My expectation is that staff wash before gloving and going into the dining room and whenever they get soiled. Silverware is pre-rolled with napkins, so staff don't touch them. Plates have covers on them. They're expected to wash their hands if they spill something on them or clean up anything. They're expected to do hand hygiene when they go in and out of rooms for care and at the beginning of meal service on the halls and after meal service.</p> <p>In an interview on 06/20/24 at 9:55 AM, the ICP stated, I performed a hand hygiene audit in the halls Tuesday morning with the staff. I do it ongoing randomly. My expectations are that staff do hand hygiene before going into or touching patients and their environment and after. They either use hand sanitizer or wash their hands for 20 seconds when they're visibility dirty. We don't have a policy that specifically addresses performing hand hygiene during meal service on the halls for the nursing staff. We have one for the dietary staff in the kitchen only.</p> <p>In an interview on 06/20/24 at 10:19 AM, the Administrator stated, My expectation is that staff hand sanitizes between each tray. They learn on the job what to do during meal service. It's more hands on learning. There is no policy specific to nursing staff, only dietary. Expectations are to hand sanitize between passing each tray because of going from room to room.</p> <p>29015</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>11599</p> <p>Based on observation, interview, document review, and facility policy review, the facility failed to maintain an effective pest control program for five of six halls (100, 200, 300, 400, and 600), two nurses' stations, shower rooms, therapy room and the kitchen which includes the dish room area.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Pest Control Program, dated 09/01/21, noted It is the policy of this facility to maintain an effectiye (sic) pest control program that eradicates and contains common household pests and rodents .Definition: Effective pest control program is defined as measures to eradicate and contain common household pests (e.g., bed bugs, lice, roaches, ants, mosquitos, flies, mice, and rats).</p> <p>During the initial tour of the kitchen, on 06/17/24 at 9:01 AM, with the Dietary Manager (DM), a hole, approximately two inches in circumference, was observed behind the cove base in the small storage room, creating the potential for insects, pests, or rodents to access.</p> <p>During the second tour of the kitchen, on 06/20/24 at 1:57 PM, a clear plastic container filled with powdered sugar was observed to have a mouse dropping on top of the container. The container was directly above three unsealed containers of dry cereal.</p> <p>There was a hole behind the cove base, in the small storage room, creating the potential for insects, pests, or rodents to access.</p> <p>The door exiting the dry storage room into a hallway was observed to have a gap along the bottom, large enough for insects, pests, or rodents to access.</p> <p>The exit door from the hallway, across from the kitchen, was observed to have a large gap along the bottom of the door. The exit door led to a parking lot and the facility's trash containers. The door was utilized to take out trash throughout the day, evening, and for deliveries.</p> <p>The observations were confirmed by the DM, Registered Dietician, and the Maintenance Director (MD) on 06/20/24 at 2:20 PM.</p> <p>Review of the facility's pest control contract, provided by the Administrator, identified routine pest control in addition to spot service when specific concerns were identified and noted on the Pest Sighting/Evidence Log.</p> <p>Review of the Pest Sighting/Evidence Log, from 01/01/24-06/20/24 revealed mice and cockroach sightings at the nurses' stations, kitchen, dish room, 100 hall, 200 hall, 300 hall, 400 hall, 600 hall, and the therapy room. The sightings were noted on 01/25/24, 02/24/24, 03/05/24, 03/15/24, 04/04/24, 04/05/24, 04/08/24, 04/24/24, 05/13/24, 05/17/24, 05/24/24, 05/28/24, and 06/18/24.</p> <p>In an interview on 06/20/24 at 3:05 PM, the Administrator stated, I know exactly what you're talking about, I thought it had been fixed.</p>