

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2024
NAME OF PROVIDER OR SUPPLIER  Bentwood Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1501 Charbonier Road Florissant, MO 63031	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>46970</p> <p>Based on record review and interview, the facility failed to verify and implement hospital discharge orders for a Bilevel Positive Airway Pressure (BiPAP, a machine that helps push air into the lungs through a mask or nasal plugs) and oxygen therapy for one resident (Resident #1) who had a diagnosis of acute or chronic hypoxemic respiratory failure (absence of enough oxygen in the tissues to sustain bodily functions). In addition, the facility failed to address the resident's respiratory needs on the care plan and failed to have a policy regarding BiPAP use to direct staff on providing care. The sample was three and issues were found with one. The census was 107.</p> <p>Review of the facility's Physician Orders Policy, last reviewed 9/28/22, showed:</p> <ul style="list-style-type: none"> <li>-Policy: To provide guidance and ensure physician orders are transcribed and implemented in accordance with Professional Standards, State, and Federal Guidelines;</li> <li>-Responsibility: Licensed Nurses, Nursing Administration, Director of Nursing (DON);</li> </ul> <p>Procedure:</p> <ul style="list-style-type: none"> <li>-Physician orders shall be provided by licensed practitioners (physicians, nurse practitioners, and physician assistants) authorized to prescribe orders;</li> <li>-Orders must be recorded in the medical record by the licensed nurse authorized to transcribe such orders;</li> <li>-The licensed nurse is required to transcribe the order accurately in the medical record/Physician Order Sheet (POS) and on the appropriate Medical Administration Record (MAR)/electronic Medical Administration Record (eMAR) or Treatment Administration Record (TAR)/electronic Treatment Administration Record (eTAR).</li> </ul> <p>Review of the facility's Oxygen Administration and Storage policy and procedure, dated 1/01/14, showed:</p> <ul style="list-style-type: none"> <li>-Purpose: To ensure staff follow safety guidelines and regulations for storage and use of oxygen.</li> </ul> <p>General guidelines:</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Concentrator: Residents are to be provided with an oxygen concentrator whenever possible for the purpose of maximizing mobility and overall consistency in regulation of oxygen administration;</p> <p>-Pulse oximetry (a noninvasive method of measuring the saturation of oxygen in a person's blood): Residents who have oxygen orders should have oxygen saturation levels measured by oximetry. The physician should be notified of any concerns identified with oxygen titration needs so the physician may determine a need to change the order to best meet the resident's oxygen needs;</p> <p>-Procedure:</p> <ol style="list-style-type: none"> <li>1. Verify physician's order for the procedure;</li> <li>17. Before administering oxygen, and while the resident is receiving oxygen therapy, assess for the following:             <ol style="list-style-type: none"> <li>a) Signs or symptoms of cyanosis (i.e., blue tone to the skin and mucous membranes);</li> <li>b) Signs and symptoms of hypoxia (i.e., rapid breathing, rapid pulse rate, restlessness, confusion);</li> <li>c) Signs or symptoms of oxygen toxicity (i.e., tracheal irritation, difficulty breathing, or slow, shallow rate of breathing);</li> <li>d) Vital signs.</li> </ol> </li> </ol> <p>The facility did not have a policy regarding BiPAP use to direct staff on providing care.</p> <p>Review of Resident #1's hospital discharge orders, dated 11/29/23, showed:</p> <p>-Seen by pulmonary and likely also with obesity hypoventilation (inadequate breathing during sleep and in more severely affected individuals, during waking periods as well);</p> <p>-Acute on chronic hypoxemic and hypercapnic (a buildup of carbon dioxide in the bloodstream) respiratory failure;</p> <p>-Acute on chronic systolic dysfunction (congestive heart failure, a chronic condition in which the heart doesn't pump blood as well as it should);</p> <p>-Will need BiPAP nightly and when napping. BiPAP setting is 20 (inhalation)/12 (exhalation) with 5 L (Liters) of oxygen bleed in;</p> <p>-Continue daytime nasal cannula (NC, device used to deliver additional oxygen) 2-4 L.</p> <p>Review of the resident's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 12/6/23, showed:</p> <p>-Cognitively intact;</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 - Few</p>	<p>-Self-Care: independent, resident completed all the activities by themselves, with or without an assistive device, with no assistance from a helper;</p> <p>-Primary medical condition: debility, cardiorespiratory conditions;</p> <p>-Pulmonary: respiratory failure; acute and chronic respiratory failure, unspecified with hypoxia or hypercapnia;</p> <p>-Respiratory treatments:</p> <p>--Oxygen therapy: intermittent, on admission and while a resident;</p> <p>--Non-invasive mechanical ventilator (BiPAP) on admission.</p> <p>Review of the resident's physician orders showed:</p> <p>-An order, dated 12/20/23, for O2 (oxygen) saturation. Directions: every shift for oxygen monitoring check and record. Notify medical doctor if less than 90%;</p> <p>-No order for BiPAP or parameters of use;</p> <p>-No oxygen therapy order or parameters of use.</p> <p>Review of the resident's care plan in use at the time of the investigation showed:</p> <p>-Staff did not address the resident's need for respiratory therapy via BiPAP;</p> <p>-Staff did not address the resident's need for oxygen therapy.</p> <p>Review of the resident's December 2023 medication administration record (MAR), showed:</p> <p>-No BiPAP order;</p> <p>-No oxygen order;</p> <p>-No oxygen monitor, check, and record order.</p> <p>Review of the resident's January 2024 MAR, showed:</p> <p>-No BiPAP order;</p> <p>-No oxygen order;</p> <p>-No oxygen monitor, check, and record order.</p> <p>During an interview on 1/7/24 at 2:28 P.M., Licensed Practical Nurse (LPN) A said he/she was familiar with the resident's care. He/she didn't know if the resident had a BiPAP.</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 - Few</p>	<p>During an interview on 1/17/24 at 9:36 A.M., LPN H said he/she knew what care a resident needed by looking at his/her care plan in the computer.</p> <p>During an interview on 1/17/24 at 1:30 P.M., with the Administrator, DON, and Assistant Director of Nursing, all said if there were discharge orders for a BiPAP, it should be on the facility's orders. The BiPAP was used to aide in breathing. The accepting nurse was responsible to verify discharge orders with the physician. They all expected the accepting nurse to verify all discharge summary orders with the physician and add them to the facility's orders. They said a BiPAP should be worn as ordered by the physician, which was usually at night. They expected the resident to wear the BiPAP machine as ordered by the discharge hospital orders and the nurse was responsible to make sure the resident wore the BiPAP. The facility did not have a policy to address the use of BiPAPs.</p> <p>During a telephone interview on 1/18/24 at 9:26 A.M., the physician said all hospital discharge orders should be transcribed. He said wearing the BiPAP would have made a difference. He would assume the BiPAP would have improved the resident's situation, since his/her diagnosis was respiratory distress/failure.</p> <p>MO00229882</p>		