

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265767	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Lutheran Senior Services at Breeze Park		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Breeze Park Drive Saint Charles, MO 63304	

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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35615</p> <p>Based on interview and record review, the facility failed to follow acceptable standards of practice and their Emergency First Aid policy when staff failed to call Emergency Medical Services (EMS) when one resident (Resident #1), in a review of eight sampled residents, began choking on food during a meal and required emergency treatment. The resident expired. The facility census was 48.</p> <p>The administrator was notified of the Immediate Jeopardy (IJ) on [DATE] at 1:28 P.M., which began on [DATE]. The IJ was removed on [DATE] as confirmed by surveyor onsite verification.</p> <p>Review of the facility policy, titled Emergency First Aid, revised [DATE], showed it directs staff to contact EMS in the event emergency first aid intervention is required, including choking.</p> <p>Review of the American Red Cross training resources for choking showed the following:</p> <ul style="list-style-type: none"> - Choking occurs when the airway becomes either partially or completely blocked by a foreign object, such as a piece of food or a small toy; by swelling in the mouth or throat; or by fluids, such as vomit or blood. A person who is choking can quickly become unresponsive and die, so it is important to act quickly. - Risk Factors- Medical conditions (such as a neurological or muscular condition that affects the person ' s ability to chew, swallow or both) can increase risk for choking. So can dental problems or poorly fitting dentures that affect the person's ability to chew food properly. - Signs and Symptoms of Choking- A person who is choking typically has a panicked, confused or surprised facial expression. Some people may place one or both hands on their throat. The person may cough (either forcefully or weakly), or he or she may not be able to cough at all. You may hear high-pitched squeaking noises as the person tries to breathe, or nothing at all. If the airway is totally blocked, the person will not be able to speak, cry or cough. The person's skin may initially appear flushed (red), but will become pale or bluish in color as the body is deprived of oxygen. - Emergency Steps: <ol style="list-style-type: none"> 1. Check the scene safety, form an initial impression, obtain consent and put on personal protective equipment (PPE), as appropriate. 2. Check for signs and symptoms. <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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-Weak or no cough*</p> <p>- High-pitched squeaking noises or no sound*</p> <p>- Pale or blue skin color*</p> <p>- Unable to cough, speak or cry*</p> <p>- Panicked, confused or surprised appearance*</p> <p>- Holding throat with hand(s)*</p> <p>*Note: Signs and symptoms with a * require immediate emergency medical treatment.</p> <p>3. Call [DATE] and get equipment if the person requires immediate emergency medical treatment.</p> <p>4. Give Care.</p> <p>1. Review of Resident #1's undated Face Sheet showed diagnoses of Parkinson's Disease (a chronic brain disorder that causes movement problems, mental health issues, and other health concerns) and dysphagia (difficulty swallowing).</p> <p>Review of footage from the camera facing the kitchen of the event that occurred in the dining room on [DATE] at 5:24 P.M., showed the following:</p> <p>-The resident choked on the evening meal;</p> <p>-Staff attempted to assist the resident by giving back thrusts. The resident was still visibly breathing;</p> <p>-At 5:26 P.M. staff took the resident to his/her room. The resident's eyes remained open and mouth closed;</p> <p>-At 5:28 P.M. the nurse manager brought the crash cart to the resident's room;</p> <p>-At 5:30 P.M. the Director of Nurses (DON) brought the vital sign machine to the resident's room;</p> <p>-At 5:36 P.M. the DON exited the resident's room. A staff member brought the mechanical lift to the resident's room;</p> <p>-At 5:42 P.M. all staff left the resident's room.</p> <p>Review of the written summary of events for [DATE] regarding the resident, completed by the administrator, showed the following:</p> <p>-At 5:06 P.M. staff assist the resident with the first few bites of the meal without difficulty;</p> <p>-At 5:22 P.M. the resident was in the dining room and appeared to be clearing his/her throat;</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-At 5:24 P.M. the resident continued to chew and attempted to clear his/her throat;</p> <p>-At 5:26 P.M. staff took the resident to his/her room;</p> <p>-At 5:30 P.M. the resident was still passing air and made sounds. Staff attempted abdominal thrusts;</p> <p>-At 5:33 P.M. staff listened for a heartbeat for one minute and no heart beat was detected.</p> <p>During an interview on [DATE] at 2:10 P.M., Certified Nurse Aide (CNA) B said the following:</p> <p>-On [DATE] CNA B fed the resident supper;</p> <p>-The resident was eating well and was not coughing, but appeared to be gagging;</p> <p>-CNA B alerted the charge nurse who began to administer back thrusts which were unsuccessful;</p> <p>-The charge nurse got the suction machine and CNA B took the resident to his/her room;</p> <p>-The charge nurse applied oxygen. The Heimlich maneuver was attempted without success;</p> <p>-The resident leaned forward in his/her wheelchair and became limp;</p> <p>-Staff placed the resident on the floor and attempted abdominal thrusts;</p> <p>-The resident's color changed to purple and he/she no longer had a pulse;</p> <p>-No one instructed CNA B to call EMS at any point. CNA B did not think any other staff called EMS.</p> <p>During an interview on [DATE] at 2:30 P.M., Licensed Practical Nurse (LPN) A said the following:</p> <p>-On [DATE] around 5:30 P.M. he/she was in his/her office;</p> <p>-The unit nurse came by to get the suction machine;</p> <p>-Staff had already attempted the Heimlich maneuver several times without success;</p> <p>-LPN A grabbed the crash cart. When he/she entered the resident's room, he/she was alert;</p> <p>-The resident's mouth was clear;</p> <p>-Another nurse suctioned the resident and got some small pieces of meat, but were unable to clear his/her airway;</p> <p>-Staff placed the resident on the floor when he/she became unresponsive and attempted abdominal thrusts without success;</p> <p>-Staff continued their attempts until the resident no longer had a heartbeat or respirations;</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-Staff did not call EMS when the resident was choking.</p> <p>During an interview on [DATE] at 4:30 P.M., the Director of Nursing (DON) said the following:</p> <p>-The protocol for staff to follow if a resident was choking was to start the Heimlich maneuver and call EMS;</p> <p>-Staff did not call EMS when Resident #1 began to choke as they were actively performing the Heimlich and all things that EMS would have done.</p> <p>During an interview on [DATE] at 4:40 P.M., the administrator said the following:</p> <p>-Staff should call EMS if a resident had an emergent need;</p> <p>-The facility policy was to call EMS in an emergent situation.</p> <p>During an interview on [DATE] at 4:20 P.M., the resident's physician said the following:</p> <p>-The physician received a call from the DON the resident had choked and died ;</p> <p>-Staff should call EMS in an emergent situation.</p> <p>NOTE: At the time of the complaint investigation, the violation was determined to be at the immediate and serious jeopardy level J. Based on observation, interview and record review completed during the onsite visit, it was determined the facility had implemented corrective action to address and lower the violation at the time. A final revisit will be conducted to determine if the facility is in substantial compliance with participation requirements.</p> <p>At the time of exit, the severity of the deficiency was lowered to the D level. This statement does not denote that the facility has complied with State law (Section 198.026.1 RSMo.) requiring that prompt remedial action to be taken to address Class I violation(s).</p> <p>MO245768</p>		