

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265805	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2024
NAME OF PROVIDER OR SUPPLIER Lutheran Senior Services at Meramec Bluffs		STREET ADDRESS, CITY, STATE, ZIP CODE 50 Meramec Trails Drive Ballwin, MO 63021	

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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>40290</p> <p>Based on observation, interview, and record review, the facility failed to ensure one resident (Resident #20) with limited mobility, received appropriate equipment and assistance to maintain mobility when staff failed to ensure the resident wore palm protectors properly and daily in accordance with physician orders and recommendations by therapy to address hand contractures (fixed tightening of muscle, tendons, ligaments, or skin, preventing normal movement). The sample was 12. The census was 43 with 29 residents in certified beds.</p> <p>Review of Resident #20's medical record, showed:</p> <ul style="list-style-type: none"> -Diagnoses included contracture to unspecified joint, Alzheimer's disease, and dementia; -A physician order, dated 5/23/24, for restorative - splint/brace. Please place splints on resident's hands every day and remove every night. <p>Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 8/15/24, showed:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -Rejection of care behavior not exhibited; -Dependent on assistance for upper body dressing. <p>Review of the resident's care plan, in use at the time of survey, showed:</p> <ul style="list-style-type: none"> -Problem: Resident has activity of daily living (ADL) self-care deficit related to decreased mobility and muscle weakness; -Goal: Resident's ADLs and self-care will be managed through the next review; -Interventions included use of braces and splints as ordered. <p>Review of the resident's Occupational Therapy (OT) progress report, dated 9/11/24, showed:</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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Progress of short-term goals:</p> <p>-Continue: The patient will remain the same with bilateral upper extremity passive range of motion shoulder flexion;</p> <p>-Functional maintenance program established included splint and brace program in place.</p> <p>Observation on 10/7/24 at 12:20 P.M., showed the resident seated in the dining room with palm protectors on both hands with a strap with finger slots at the top of each palm protector to straighten the resident's fingers and secure the resident's hand to the base of the splint, and a strap at the bottom to secure the resident's forearm to the base of the splint. The top strap on the resident's right palm protector was not secure. Certified Nurse Aide (CNA) A sat next to the resident and provided feeding assistance. At 12:29 P.M., the top strap of the right palm protector was not secure and the resident's fingers curled into the palm of his/her hands. Throughout the meal, the right palm protector remained unsecured over the resident's hand while staff provided feeding assistance, and the resident's fingers curled into the palm of his/her hand.</p> <p>Observation on 10/7/24 at 5:26 P.M., showed the resident seated in the dining room next to CNA/Certified Medication Technician (CMT) G. The resident had no palm protectors on his/her hands, and the resident's fingers curled into the palm of his/her hand.</p> <p>Observation on 10/8/24 at 7:55 A.M., showed CNA/CMT B entered the resident's room to get the resident out of bed. The resident's palm protectors were located on the resident's bedside table. At 8:16 A.M., CNA/CMT B exited the resident's room with the resident and escorted the resident to the dining table. The resident had no palm protectors on his/her hands, and the resident's fingers curled into the palm of his/her hands.</p> <p>Review of the resident's administration history, showed Licensed Practical Nurse (LPN) F documented the resident's splint/brace administered on 10/8/24 at 8:00 A.M.</p> <p>Observations on 10/8/24, showed:</p> <p>-At 11:28 A.M., the resident seated in his/her room with no palm protectors on either hand. The resident's fingers curled into the palms of his/her hands. The resident was unable to be interviewed;</p> <p>-At 12:20 P.M., the resident seated in the dining room next to CNA/CMT B, who provided feeding assistance to the resident. The resident had no palm protectors on his/her hands, and the resident's fingers curled into the palm of his/her hands;</p> <p>-At 1:50 P.M., the resident seated in his/her room with no palm protectors on either hand and the resident's fingers curled into the palms of his/her hands.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/9/24 at 8:54 A.M., CNA/CMT C said the resident's hands were contracted and he/she had palm protectors for both hands to make sure the contractures don't get worse. The aide who is assigned to the resident is responsible for putting the resident's palm protectors on his/her hands. Staff should ensure the resident's fingers are properly inserted in the slots of the top strap, and that the straps of the palm protector are secure. The resident can pull his/her hands out of the palm protectors at times and when this occurs, staff should reapply the palm protector. Once the palm protector is applied, the nurse marks the treatment as administered in the resident's record. The nurse should not mark the treatment as completed if the palm protectors were not applied.</p> <p>During an interview on 10/9/24 at 9:03 A.M., LPN D said the resident wears palm protectors on his/her hands during the day to prevent his/her contractures from getting worse. The aides or nurses can put the palm protectors on the resident, and they should ensure the palm protectors are properly applied. If the resident pulls off the palm protector or it becomes loose, staff should put the palm protectors back on the resident. Nurses were responsible for ensuring the palm protectors are applied and once verified, they mark the treatment as completed in the resident's record. If the resident refuses to wear the palm protector, the nurse should document that on the administration record. Staff should not document a treatment as administered when it was not.</p> <p>During an interview on 10/9/24 at 9:40 A.M., LPN E said aides can put palm protectors on residents, but ultimately, it is up to the nurse to ensure the palm protectors are put on correctly and as ordered. Once the nurse verifies the palm protectors are on, they mark the treatment as completed in the administration record. If the palm protectors were not applied for whatever reason, the nurse should document this in resident's record. It was not appropriate to mark the treatment as completed if the palm protectors were not put on.</p> <p>During an interview on 10/9/24 at 9:27 A.M., the Assistant Director of Nurses (ADON) said the resident wears palm protectors every day to keep his/her fingers straight because they curl into his/her palms. He/She tolerates the palm protectors well. CNAs are responsible for putting the palm protectors on the resident and making sure they are on properly. If the straps become undone, it is expected that staff reposition the palm protectors to secure them. Nurses are responsible to ensure the palm protectors are applied and then marking the treatment as administered in the administration record. It was not appropriate to mark a treatment as administered if it was not completed.</p> <p>During an interview on 10/9/24 at 9:46 A.M. with the Director of Nurses (DON) and Administrator, they said palm protectors are used to keep the resident's hand open and fingers extended to address contractures. If the straps on the palm protectors become loose, it is expected that staff put the straps back on securely. Nurses are responsible for verifying the palm protectors are applied and marking the treatment as administered in the resident's record. It was not appropriate to mark a treatment as administered if it was not. If the palm protectors were not applied, it was expected that the nurse document why the treatment was not administered in the resident's record.</p>		