STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265810	A. Building B. Wing	02/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonebridge Adams Street	1024 Adams Street Jefferson City, MO 65101

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 43024 Based on interview and record review, facility staff failed to provide a proper transfer for one resident (Resident #1) in a manner to prevent accidents, when staff did not utilize two staff as directed and the resident sustained an injury to his/her leg. The facility census was 56. 1. Review of the facility's Safe Lifting and Movement of Residents Policy, revised July 2017, showed: -In order to protect the safety and the well-being of staff and residents, and to promote quality care, this facility uses appropriate techniques and devices to life and move residents; -Nursing staff, in conjunction with the rehabilitation staff, shall assess individual residents' needs for transfer assistance on an ongoing basis. Staff will document resident transferring and lifting needs in the care plan. 2. Review of Resident #1's Annual minimum data set (MDS), a federally mandated assessment tool, dated 12/13/223, showed staff assessed the resident as follows: -Severe cognitive impairment; -Dependent with transfers; -Impairment to bilateral lower extremities; -Utilized wheelchair for mobility. Review of the resident's plan of care, dated 4/21/23, showed staff assessed the resident required all transfers with two person assistance. Review of the resident's nurses notes, dated 2/4/24, showed Licensed Practical Nurse A documented at breakfast the resident said his/her leg was hurting, observed swelling and resident's right foot turned out. Physician and hospice notified and stat Xray ordered, due to increased pain X-Ray cancelled and emergency medical services called. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Review of the resident's hospital discharge paperwork, dated 2/4/24, showed a commuted moderately displaced tibia-fibula distal shaft fracture. During an interview on 2/15/24 at 10:18 A.M., LPN A said the resident complained his/her leg hurt and because of the increased pain facility staff consulted with hospice and decided to skip the emergent x-ray and send the resident to the hospital. During an interview on 2/15/24 at 10:46 A.M., Certified Nursing Assistant (CNA) B said before the resident's accident, he/she was a one assist sometimes a two person assist. He/She said he/she does not know what transfer level the resident was actually assessed as. He/She said if he/she has questions on how a resident should be transferred then he/she will ask the charge nurse. He/She said he/she has access to the facility's electronic health records (EHR) but he/she does not know where transfer information is located. During an interview on 2/15/24 at 11:48 A.M., the administrator said the facility policy on transfers is to follow the care plan information for the specific resident. He/She said all staff have access to the careplans on the facilities EHR system and expects staff to follow the care plan. During an interview on 2/15/24 at 12:17 P.M., CNA C said he/she transferred the resident by him/herself on 2/4/24, the resident did say my foot, my foot but he/she thought it was just the residents normal behavior of yelling out and did not know if the resident's foot was hit. He/She said he/she was trained to look at the care plan to know a resident's transfer status and the care plan says he/she is a one or two. He/She said he/she has always transferred the resident as a one person assist During an interview on 2/15/24 at 12:33 P.M., CNA D said he/she has worked with the resident for awhile and he/she has always been a two person assist. He/She said staff are instructed to look at the careplan in the computer to know what the resident is assessed as. He/She said the resident is absolutely a two person assist because his/her body is very still and he/she has impairments to both lower legs, it is for both me and the residents safety to transfer him/her with two people. During an interview on 2/15/24 at 12:41 P.M., CNA E said they are instructed to look at the resident's care plan to know how to safely transfer them. He/She said he/she would be surprised to know the resident has been assessed as a one person assist for over a year because he/she has always transferred the resident by him/hers self. He/She said he/she does not get alerts when there is a change to a care plan. During an interview on 2/15/24 at 12:52 P.M., the physical therapist said there have been multiple changes with the resident on transfers and he/she is hard to assess because he/she is contracted in both legs but gets combative with the use of a mechanical lift. He/She said the resident can be a one person assist with a gait belt if the resident has no behaviors that day but both his/her behaviors and dementia have progress and became more frequent requiring a two assist more often. During an interview on 2/15/23 at 1:26 P.M., the administrator said he/she did not know the resident was assessed as a two person assist in his/her care plan for transfers for almost a year but that is what staff need to follow because that is the facility policy. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	During an interview on 2/16/24 the residents physician said the resident is very frail but a spontaneous fracture is not likely. He/She said the residents transfer need depends on the day but it is probably best for two person assist. MO00231339