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	07/01/2024

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43010 Based on interview and record review, facility staff failed to complete neurological checks and fall follow up documentation for three residents (Resident #1, Resident #2, and Resident #3) of three sampled residents who had un-witnessed falls. The facility census was 55. 1. Review of the facility's Post Fall step by step Protocol, undated, showed first post fall initial clinical assessment is completed one time directly after each fall. Review showed post fall 72 hour monitoring, with a head injury complete assessment is completed according to neurological timelines. 2. Review of Resident # 1's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 6/20/24, showed staff assessed the resident as: -Cognitive impairment; -Dependent for mobility; -Resident at risk for falls with two falls since admission or prior assessment. Review of the resident's care plan, revised 5/15/24, showed staff assessed the resident at risk for falls related to dementia, poor safety awareness, and contractures to bilateral knees. Staff are directed to assist resident with ambulation and transfers utilize therapy recommendations, ensure call light is available to resident, fall mats to both sides of bed, and bed is to be in lowest position when resident is in it. Review of the facility's unwitnessed fall incident report, dated 5/1/24 to 7/1/24, showed the resident had an unwitnessed fall on 5/11/24. Review of the resident's medical record did not contain documentation staff completed the 72-hour neurological checks or post-fall documentation for the 5/11/24 fall. 2. Review of Resident # 2's Quarterly MDS, dated [DATE] showed staff assessed the resident as: -Cognitively intact; -Independent with the use of a wheelchair for mobility; (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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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Resident at risk for falls with one fall since admission or prior assessment. Review of the resident's care plan, revised 6/25/24, showed staff assessed the resident at risk for falls due to impaired cognition, poor safety awareness. Staff are directed to document any fall and report injury if noted, fall matt to bed on right side, bolster bed, and needs encouragement to ask for assistance with transfers. Review of the facility's unwitnessed fall incident report, dated 5/1/24 to 7/1/24, showed the resident had an unwitnessed fall on 6/14/24. Review of the resident's medical record did not contain documentation staff completed the 72-hour neurological checks or post-fall documentation for the 6/14/24 fall. 3. Review of Resident # 3's five day scheduled MDS, dated [DATE], showed staff assessed the resident as: -Cognitively intact; -Dependent with the use of a wheelchair for mobility; -Resident at risk for falls with a fall prior to admission. Review of the resident's care plan, revised 5/27/24, showed staff assessed the resident at risk for falls because of an actual fall with injury. Staff are directed to complete neurological checks for the next 72 hours, fall mats to bedside, and monitor/document/report to MD for signs/symptoms: Pain, bruises, change in mental status, new onset of confusion, sleepiness, inability to maintain posture, agitation over the next 72 hours. Review of the facility's unwitnessed fall incident report, dated 5/1/24 to 7/1/24, showed the resident had an unwitnessed fall on 5/5/24. Review of the resident's medical record did not contain documentation staff completed the 72-hour neurological checks or post-fall documentation for the 5/5/24 fall. 4. During an interview on 7/1/24 at 12:10 PM., Licensed Practical Nurse (LPN) B said when a resident has an unwitnessed fall, the nurse is responsible to start neurological checks and fall follow up charting. He/She said neurological checks are to be completed for 72 hours by the nurse. He/She said the Director of Nursing (DON) is responsible for making sure these are completed and does not know why they were not completed. During an interview on 7/1/24 at 12:24 P.M., LPN C said when a resident has an unwitnessed fall the nurse is to start neurologcal checks and fall follow up documentation for 72 hours. He/She said the DON would be responsible for making sure nurses completed the neurological checks. He/She does not know why they were not completed. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 7/1/24 at 1:11 P.M., the DON said with an unwitnessed fall, nurses are expected to initiate neurological checks and fall follow up. This is completed for 72 hours. The DON said he/she is responsible to make sure they are completed and does not know why these were not completed. During an interview on 7/1/24 at 1:20 P.M., the administrator said nurses are expected to start and document neurological checks for 72 hours. He/She said the DON would be responsible for making sure nurses complete them. MO00238223