

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265824	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/28/2024
NAME OF PROVIDER OR SUPPLIER  St Peters Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  5400 Executive Centre Parkway Saint Peters, MO 63376	

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 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p>34003</p> <p>Based on observation and interview, the facility failed to comply with state laws and designate a person as an administrator currently licensed in the state as a nursing home administrator. This had the potential to affect all facility residents. The facility census was 118.</p> <p>The facility did not provide a policy for the requirements of the facility administrator.</p> <p>Observation on 3/28/24 at 8:55 A.M. of the facility lobby and hallway leading to the administrator's office showed the following:</p> <ul style="list-style-type: none"> <li>-The facility license to operate as a long term care facility and different associations memberships;</li> <li>-No current administrator's license.</li> </ul> <p>During an interview on 3/28/24 at 8:55 A.M. the acting administrator said the following:</p> <ul style="list-style-type: none"> <li>-He had been at the facility for about a week acting as the administrator;</li> <li>-He did not hold a license to be an administrator in the state of Missouri;</li> <li>-He had not contacted the state licensing board or the state regulatory agency for a temporary license until he could sit for the the state license exam;</li> <li>-Neither he or his company was aware that he could have applied for a temporary license before becoming the acting administrator;</li> <li>-He should have contacted the state licensing board or the state regulatory agency to obtain a temporary license before he became the acting administrator.</li> </ul>

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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