

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  07/24/2024
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)
F 0684  Level of Harm - Actual harm  Residents Affected - Few	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>34003</p> <p>Refer to 50SJ12.</p> <p>Based on interview and record review, the facility failed to ensure one resident (Resident #1), in a review of four sampled residents, received care and treatment in accordance with professional standards of practice when staff failed to obtain an x-ray in a timely manner after the resident sustained a fall and was in pain. The resident fell at 2:15 A.M. and the responsible party (RP) chose not to send the resident to the hospital and requested a mobile x-ray. Staff obtained a physician order for a STAT mobile x-ray at 3:00 A.M. on 6/30/24. The x-ray provider did not arrive until 10:30 A.M. on 6/30/24 to complete the x-ray and sent the x-ray results to the facility at 10:50 A.M. by fax and directly to the facility's electronic medical record system and the facility failed to administer pain medication or alternate interventions for the resident's pain. Staff did not communicate the x-ray results to the physician until 1:30 P.M. Resident #1 was subsequently sent to the emergency room and diagnosed with a fractured right shoulder. The facility also failed to follow the emergency room discharge orders for pain medication until the resident was seen by his/her physician for 12 days after the initial injury. The facility census was 117.</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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F 0692  Level of Harm - Actual harm  Residents Affected - Few	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>34003</p> <p>Refer to 50SJ12.</p> <p>Based on observation, interview, and record review, the facility failed to identify weight loss, notify the physician and dietician of further weight loss, implement interventions, or evaluate effectiveness of the interventions for three residents (Resident #2, #3, and #4) out of four sampled residents who had significant weight loss. Resident #2 had a 5.9% weight loss in five months; Resident #3 had a 9.3 % weight loss in 3 months and Resident #4 had a 17% weight loss in seven months. The facility failed to notify the physician or the registered dietician of the weight loss. The facility failed to implement and communicate the interventions that the Registered Dietician had put in place for Resident #4 to help prevent further weight loss. The facility census was 117.</p>

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<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p>34003</p> <p>Based on interview and record review, the facility failed to provide appropriate services to attain the highest practical well-being for one resident (Resident #2), with a diagnosis of dementia, in a review of four sampled residents. Facility staff identified the resident had behaviors affecting the resident and other residents, however, did not evaluate and implement further approaches to address the resident's care needs related to his/her diagnosis of dementia. Resident #2 had an increase in behaviors which resulted in the administration of anti-anxiety IM (intramuscular) medication and psychotropic medication (a psychoactive drug taken to exert an effect on the chemical makeup of the brain and nervous system) without trying alternative interventions first. The resident's physician placed an order for the resident to be seen by psychiatry due to the increase in behaviors on 6/24/24 and the facility failed to schedule the resident for the consultation. The resident continued to have behaviors and subsequent increase in administration by staff of psychotropic medications as an intervention for the resident's behaviors. The facility census was 117.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>34003</p> <p>Refer to 50SJ12.</p> <p>Based on observation and interview, the facility failed to prepare and serve food under sanitary conditions. The staff failed to ensure the kitchen floors were free from food, debris and rodent feces, failed to ensure surfaces of equipment in the kitchen were free from rodent feces, failed to label and date food when opened, failed to appropriately store food, and failed to discard food items that were compromised including ice cream and apples. The facility census was 117.</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>34003</p> <p>Refer to 50SJ12.</p> <p>Based on observation and interview, the facility failed to maintain an effective pest control program to control the presence of rodents in the kitchen. The facility census was 117.</p>