

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 06/12/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to honor resident rights for one sampled resident (Resident #4), in a review of four sampled residents and for three additional residents (Residents #5, #6 and #7), by failing to allow them to choose their own wake up/get-up times. The facility census was 117.</p> <p>Review of the facility policy, Resident Rights, dated 2001, showed the following:</p> <ul style="list-style-type: none"> -Employees shall treat all residents with kindness, respect and dignity; -Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the residents right to a dignified existence, to be treated with respect, kindness and dignity, self determination, exercise his/her rights as a resident of the facility and be supported by the facility in exercising his/her rights. <p>1. Review of the facility Night Shift Early Rise document, dated 05/29/25, and provided by the Assistant Director Of Nursing (ADON), showed it included a list of residents and their rooms numbers. Included on the list was Resident #5, #6 and #7. Two additional residents were listed as get dressed only. A note at the bottom read: If resident declines to get up, have them dressed. Effective 05/29/25 -ADON.</p> <p>2. Review of Resident #4's annual Minimum Data Set (MDS), a federally mandated assessment instrument, completed by the facility and dated 12/23/24, showed the following:</p> <ul style="list-style-type: none"> -Mildly impaired cognition; -Manual wheelchair; -Supervision to touch assist with transfers. <p>Review of the resident's care plan, last revised 06/12/25, showed the following:</p> <ul style="list-style-type: none"> -Encourage routine daily decision making as indicated; -Encourage out of bed for meals, activities and exercise. Offer to get up in the morning if awake, but allow to refuse (6/12/25); <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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Support choices for preferences regarding customary routine and activities.</p> <p>Observation, on 06/12/25 at 5:05 A.M., showed the resident sat awake in his/her wheelchair in his/her room, fully dressed and wearing shoes.</p> <p>During interview on 06/12/25 at 5:05 A.M., the resident said staff got him/her up too early. Staff were not supposed to get him/her up until 6:00 A.M. Breakfast was not until 7:00 A.M. It upset him/her to be up so early.</p> <p>During an interview, on 06/12/25 at 5:30 A.M., Certified Nurse Aide (CNA) E said the following:</p> <p>-He/She was the one who got Resident #4 out of bed this morning;</p> <p>-The resident was completely wet so he/she had to get the resident out of bed to change the bed.</p> <p>2. Review of Resident #7's annual MDS, dated [DATE], showed the following:</p> <p>-Severely impaired cognition;</p> <p>-Dependent on staff for transfers.</p> <p>Review of the resident's care plan, last revised 06/12/25, showed the following:</p> <p>-Dependent on staff for transfers;</p> <p>-Encourage out of bed for meals. Offer to get up in the morning if awake, but allow me to refuse (6/12/25); was this added at the time of our visit?</p> <p>-Preferences for customary routine will be honored to the fullest extent possible;</p> <p>-Support choices for preferences regarding customary routine.</p> <p>Observation on 06/12/25 at 5:45 A.M., showed the resident sat awake in the dining room in a broda chair (specialized wheelchair), fully dressed.</p> <p>During an interview, on 06/12/25 at 5:45 A.M., the resident said he/she did not want to get up early today and was tired. Staff woke him/her to get out of bed.</p> <p>During an interview, on 06/17/25 at 11:51 A.M., CNA C said the following:</p> <p>-He/She worked 7:00 P.M. to 7:00 A.M.;</p> <p>-They had a lot of residents to get up in the morning;</p> <p>-He/She got Resident #7 up on 6/12/25;</p> <p>-He/She asked the resident if he/she wanted to get up and the resident did not refuse;</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure direct care staff utilized Enhanced Barrier Precaution (EBP) (an infection control strategy that uses gloves and gowns during high-contact resident care to reduce the spread of multi-drug-resistant organisms (MDROs) when providing care and failed to ensure nursing staff washed their hands and changed soiled gloves after each direct resident contact and when indicated by professional standards of practice during care for one sampled resident (Resident #2), who had a gastrostomy tube (G-tube) feeding tube placed surgically into the stomach through the abdominal wall) and for one additional resident (Resident #8), who had a urinary catheter (flexible tube inserted into the bladder to drain urine from the body) in a review of four sampled residents and three additional residents. The facility census was 38.</p> <p>Review of the facility policy, Enhanced Barrier Precautions, last revised 12/2024 showed EBP's are utilized to prevent the spread of MDROs to residents. EBP's refer to infection prevention and control interventions designed to reduce the transmission of MDROS during high contact resident care activities;</p> <p>Enhanced barrier precautions apply when:</p> <ul style="list-style-type: none"> -A resident is NOT known to be infected or colonized with any MDRO, has a wound or indwelling medical devices, and does not have secretions or excretions that are unable to be covered or contained; -Standard precautions apply to the care of all residents regardless of suspected or confirmed infection or colonization status; -Indwelling medical devices, include urinary catheters and feeding tubes; -Examples of secretions or excretions include discharges from the body that cannot be contained and pose an increased potential for extensive environmental contamination and risk of transmission of a pathogen; -EBP's employ targeted gown and glove use in addition to standard precautions during high contact resident care activities when contact precautions do not otherwise apply; -Gloves and gown are applied prior to performing the high contact resident care activity (as opposed to before entering the room); -Face protection may be used if there is also a risk of splash or spray; -Enhanced barrier precautions are in place for the duration of the resident's stay or until discontinuation of the indwelling medical device that place that at higher risk; -Staff are trained prior to caring for residents on EBP's; -Signs are posted on the door or wall outside the residents' rooms which communicate the type of precautions and PPE required; <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Personal protective equipment and alcohol-based hand-rub are readily accessible to staff.</p> <p>Review of the facility policy, Handwashing/ Hand Hygiene, last revised 10/2023 showed the following:</p> <p>The facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections;</p> <p>-All personnel are expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents, and visitors;</p> <p>-Hand hygiene is indicated in the following instances:</p> <p>-Immediately before touching a resident;</p> <p>-Before performing an aseptic task (for example, placing an indwelling device or handling an invasive medical device);</p> <p>-After contact with blood, body fluids, or contaminated surfaces;</p> <p>-After touching a resident;</p> <p>-After touching the resident's environment;</p> <p>-Before moving from work on a soiled body site to a clean body site on the same resident;</p> <p>-Immediately after glove removal;</p> <p>-Wash hands with soap and water when hands are visibly soiled;</p> <p>-Single-use disposable gloves should be used:</p> <p>-Before aseptic procedures;</p> <p>-When anticipating contact with blood or body fluids;</p> <p>-When in contact with a resident, or the equipment or environment of a resident, who is on contact precautions;</p> <p>-The use of gloves does not replace hand washing/hand hygiene.</p> <p>Review of Infection Control Guidelines for Long Term Care Facilities (Section 3.0 Body Substance Precautions) showed dirty gloves are worse than dirty hands because micro-organisms adhere to the surface of a glove easier than to the skin of your hands. Hand washing remained the single most effective means of preventing disease transmission; wash hands whenever they are soiled with body substance and when each resident's care is completed.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. Review of Resident #8's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by the facility, dated 03/05/25, showed the following:</p> <ul style="list-style-type: none"> -Substantial to moderate assistance for bed mobility; -Dependent for toileting, lower body dressing and transfers; -Partial to moderate assist for personal hygiene and upper body dressing; -Presence of urinary catheter. <p>Review of the resident's Physician Order Sheet (POS), dated 06/2025, showed the following:</p> <ul style="list-style-type: none"> -Diagnoses included neuromuscular dysfunction of the bladder (a group of bladder problems caused by nerve damage that disrupts the normal communication between the brain, spinal cord and bladder muscles); -Suprapubic (urinary catheter inserted into the bladder through the abdomen) catheter: Check output amount every shift (12/30/24); -EBP: full PPE with high contact care or activities due to the urinary catheter. Ensure signage in place. (11/1/24). <p>Review of the resident's care plan, last revised 06/02/25, showed the following:</p> <ul style="list-style-type: none"> -EBP during high contact resident care activities due to the presence of a suprapubic catheter; not known to be infected or colonized with any MDRO (3/1/24); -Ensure items for the following EBP are in place (gloves, gown, alcohol-based hand rub, face-shield, signage , trash receptacle, etc.; -Hand hygiene utilizing alcohol-based hand rub; -Utilize PPE (gown and gloves: face shield as indicated) during high-contact resident care activities (e.g. dressing, bathing/showering, transferring, hygiene, linen changes, brief changes, toileting assistance, device care and wound care) 3/1/24. <p>Observation on 06/12/25 at 7:05 A.M., showed EBP signage on the door frame of the resident's room instructing staff to don gloves and a gown for high contact resident care activities, including dressing, transferring providing hygiene, changing briefs and care of a urinary catheter. A bin of PPE was present in the hallway where the resident resided.</p> <p>Observation on 06/12/25 at 5:55 A.M., showed the following:</p> <ul style="list-style-type: none"> -The resident lay on his/her back in a low bed and a urinary catheter bag hung from the bed frame; <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Certified Nurse Assistant (CNA) B entered the room, donned gloves and prepared to assist the resident out of bed. He/She retrieved a urinal from the bathroom and without wearing a gown or eye shield, emptied the urine from the catheter bag into the urinal and hung the bag on the bed frame. He/She carried the urinal into the bathroom and dumped the urine from the urinal into the toilet. He/She degloved, and without washing hands with soap and water or using hand sanitizer, laid a clean incontinent brief on the bed, lowered the head and foot of the bed and raised the level of the bed height with the remote. With the same soiled hands he/she applied gloves and performed perineal care and catheter care;</p> <p>-CNA C entered the room, and without donning a gown or face shield, or washing his/her hands, donned gloves. He/She applied the resident's socks and pants threading the catheter bag through the leg of the pants;</p> <p>-CNA B rolled the resident to his/her right side and cleaned the resident's buttocks;</p> <p>-CNA C applied barrier cream to the resident's buttocks and CNA B (wearing the same soiled gloves) assisted the resident to his/her back and fastened the incontinent brief;</p> <p>-CNA B and CNA C placed a mechanical lift sling under the resident, and while CNA C held the catheter bag in his/her hand, CNA B positioned the chair and lowered the resident into the chair. CNA B and CNA C detached the sling and finished morning cares. They degloved and washed their hands.</p> <p>During an interview on 06/12/25 at 7:02 A.M., CNA C said he/she was not sure what why EBP was or why it was indicated.</p> <p>During an interview on 06/12/25 at 7:05 A.M., CNA B said the following:</p> <p>-The EBP bins on the halls were used when residents had something going on and he/she was not sure why they were still there;</p> <p>-Hands should be washed before and after cares, with glove changes and when moving from a dirty to a clean task;</p> <p>-Gloves should be changed when they become soiled.</p> <p>2. Review of an EBP sign on Resident #2's room door instructed staff as follows:</p> <p>-Everyone must clean their hands, including before entering and when leaving the room;</p> <p>-Wear gloves and a gown for the following high contact resident care activities: dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting and device care: central line, urinary catheter, feeding tube, tracheostomy and wound care (any skin opening requiring a dressing).</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the following:</p> <p>-Presence of a feeding tube;</p> <p>(continued on next page)</p>		

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