STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265837	A. Building B. Wing	06/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heisinger Bluffs Healthcare Western Campus	1306 West Main Street Jefferson City, MO 65109

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 - Few	Ensure services provided by the nursing facility meet professional standards of quality. 43024 Based on interview and record review, facility staff failed to complete cognitive assessments for one resident (Resident #1) of two sampled residents who had unwitnessed falls. Facility staff failed to complete wound assessments for one (Resident #1) of two sampled residents. The facility census was 60. 1. Review of the facility's Falls Protocol Policy, undated, showed staff are directed for a post fall to conduct an assessment of the resident to include but not limited to physical, behaviors, cognitive and functional status. Review of the facility's Pressure Ulcer and Injury Prevention and Management policy, undated, showed staff are directed to assess the pressure ulcer or injury weekly. Review showed staff are to document the description of the ulcer/injury to include stage, measurements [length, width, depth], presence or absence of any tunneling or undermining, type of tissue [epithelia, granulation, slough, necrosis, etc.], presence or absence and type of drainage, surrounding tissue description, and presence or absence of pain with the ulcer/injury; 2. Review of Resident #1's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool used to plan care, dated 3/23/24, showed staff assessed the resident as follows: -Severe cognitive impairment; -Utilized a wheelchair; -Dependent for locomotion in wheelchair; -Had a fall one month prior to admission resulting in facture/s; -Had one stage two pressure ulcers (injury to skin and underlying tissue that results form prolonged pressure on the skin). Review of the resident's nurses' notes, dated 3/20/24 at 10:37 A.M., showed staff documented the resident was found on the floor near his/her bed. Staff documented the resident had attempted to transfer himself/herself from bed to wheelchair without assistance. (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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the resident's care plan, revised 3/26/24, showed staff assessed the resident had a fall and staff were directed to monitor, document, and report as needed and for 72 hours to medical director for signs and symptoms of pain, bruises, change in mental status, new onset of confusion, sleepiness, inability to maintain posture, or agitation. Review of the resident's medical record did not contain documentation staff completed neurological checks for 72-hours after the 3/20/24 fall. During an interview on 5/9/24 at 1:52 P.M., Registered Nurse (RN) A said all unwitnessed falls require the resident to be assessed for cognitive changes for 72 hours. He/She said he/she does not know why they were not completed for the resident's unwitnessed fall. During an interview on 5/9/24 at 2:34 P.M., the administrator said he/she expects the facility fall protocol to be followed including but not limited to cognitive assessments when a resident has an unwitnessed fall. He/She said he/she does not know why neurological checks were not completed for his/her fall. Review of the resident's skin evaluation form, dated 3/11/24, showed staff documented skin issues on the resident's coccyx and the left lower extremity. Review of the resident's weekly wound assessments, dated 3/11, 3/19, 3/25, 4/1 and 4/8/2024, showed staff did not document the stage, measurements [length, width, depth], presence or absence of any tunneling or undermining, type of tissue, presence or absence and type of drainage, surrounding tissue description, and presence or absence of pain with the ulcer/injury for the resident's coccyx and the left lower extremity. During an interview on 5/9/24 at 12:34 the administrator said there are no measurements for the residents wound assessments and he/she does not know why. He/She said the nurses are responsible for the resident's wound assessments. He/She said He/She expects the nurses to follow the facility protocol on wounds and for measurements to be done weekly to track the wounds progress. During an interview on 6/17/24 at 12:59 P.M., R.N. B said the nurses are responsible for wound documentation weekly, as needed, or a specific order for a different frequency. He/She said he/she examines the body and if there are wounds present would document measurements, stage, depth, odor, tunneling, sloughing, and who was notified of the wound. He/She said it is important to document the wounds progression to monitor if it is healing or needs additional intervention. He/She said he/she does not know why the wound assessments were not completed correctly. MO00234837