

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265881	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF PROVIDER OR SUPPLIER Sunterra Springs Dardenne Prairie		STREET ADDRESS, CITY, STATE, ZIP CODE 7275 State Highway N Dardenne Prairie, MO 63368	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34003</p> <p>Based on interview and record review, the facility failed to ensure the safety of one resident (Resident #1), of four sampled residents, who was dependent upon staff for transfers and at risk for falls. The facility failed to ensure staff followed facility policy for using a sit to stand lift. Certified Nurse Aide (CNA) A transferred Resident #1 using the sit to stand lift without assistance of an additional staff to transfer the resident. The resident sustained significant pain and bruising from the improper transfer. The facility census was 36.</p> <p>The administrator was notified on 9/30/24 at 3:00 P.M , of the Past Non-Compliance which occurred on 9/24/24. On 9/24/24, the administrator became aware of the injury to Resident #1 which resulted in a staff member failing to follow the facility policy on a sit to stand transfer when the staff member did not use two staff to transfer the resident. The facility began an investigation and determined that the staff did not follow the facility policy for a sit to stand transfer. The facility began in-servicing all staff on safety, the facility policy to use two staff members for all mechanical lift transfers, and competencies for staff on the use of the sit to stand lift. The G grid deficiency was removed and corrected on 9/25/24.</p> <p>Review of the facility policy for Safe Resident Handling Transfers revised on 7/2024 showed the following:</p> <ul style="list-style-type: none"> -It is the policy of this facility to ensure that residents are handled and transferred safely to prevent or minimize risks for injury and provide and promote a safe, secure and comfortable experience for the resident while keeping the employees safe in accordance with current standards and guidelines; -All residents require safe handling when transferred to prevent or minimize the risk for injury to themselves and the employees that assist them; -The interdisciplinary team or designee will evaluate and assess each resident's individual mobility needs; -Two staff members must be utilized when transferring residents with a mechanical lift; -Mechanical lifts may include equipment such as fully body lifts and sit to stands lifts. <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265881	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF PROVIDER OR SUPPLIER Sunterra Springs Dardenne Prairie		STREET ADDRESS, CITY, STATE, ZIP CODE 7275 State Highway N Dardenne Prairie, MO 63368	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>1. Review of Resident #1's face sheet showed the resident admitted to the facility on [DATE] with diagnoses of coronary heart disease (a condition that occurs when the heart's blood vessels narrow due to plaque buildup), atrial fibrillation (irregular heart beat), diabetes and peripheral vascular disease (PVD is a circulatory condition that occurs when blood vessels outside of the brain and heart narrow, spasm, or become blocked. This can lead to reduced blood flow and tissue damage. PVD can affect any blood vessel outside of the heart, including arteries, veins, and lymphatic vessels. The legs and feet are most often affected).</p> <p>Review of the resident's comprehensive Minimum Data Set (MDS), a federally mandated assessment instrument completed by staff, dated 9/22/24 showed the following:</p> <ul style="list-style-type: none"> -Able to make self understood and able to understand others; -Brief Interview for Mental Status (BIMS-a cognitive screening tool used to identify cognitive impairment in patients in long-term care facilities and skilled nursing facilities:) of 10 (Indicates moderate impairment); -Impairments of both lower extremities, required total staff assistance with transfers, toilet hygiene and partial to maximum assistance with Activities of Daily Living (ADL's); -Frequent pain at a level of 10 (0 being no pain, 10 being excruciating pain). <p>Review of the resident's Physical Therapy Treatment Notes dated 9/24/24 showed the following:</p> <ul style="list-style-type: none"> -Transfers with sit to stand with use of lift with staff and resident raining with maximum assist of one, with another staff member to operate the machine and complete safe transfer to the wheelchair; -Resident and caregiver training: the resident and the staff member training in safe transfer technique with use of the sit to stand lift from the bed to the wheelchair and proper positioning in the wheelchair. <p>Review of the resident's nurses notes dated 9/24/24 at 6:30 P.M., signed by the Director of Nursing (DON) showed the following:</p> <ul style="list-style-type: none"> -Resident is alert and oriented. The resident reported earlier in the shift the day shift CNA came into the room to assist the resident to bed. The CNA used the sit to stand lift to transfer the resident from the chair to the bed. The resident said he/she started to scream as his/her arms were too high and he/she felt a pop in the right shoulder when he/she was raised to a standing position. The CNA continued to raise him/her then used force to put him/her into bed. The resident said he/she was screaming in pain. His/Her right shoulder was painful with a pain level of a 10 (on a scale of 1-10 with 10 being the worst pain possible). <p>Review of the resident's nurses notes dated 9/25/24 at 12:39 P.M. signed by the DON showed the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265881	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF PROVIDER OR SUPPLIER Sunterra Springs Dardenne Prairie		STREET ADDRESS, CITY, STATE, ZIP CODE 7275 State Highway N Dardenne Prairie, MO 63368	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-X-rays to the right shoulder negative but does show a potential rotator cuff tear. The resident complains of chronic pain with movement to the right shoulder. Nurse Practitioner here to see the resident and orders to send to orthopaedic outpatient clinic. There was no fracture or rotator injuries. Possible right pectoral muscle (a group of muscles in the upper chest that connect the upper limbs to the chest wall) stain and new orders for Voltaren gel (topical pain relieve medication). The resident continues receiving physical and occupational therapy with their recommendation to continue to use the sit to stand lift or the full mechanical lift.</p> <p>Review of the resident's nurses notes dated 9/29/24 at 10:07 A.M. showed staff informed the resident's the resident had a bruise to the right breast. Area was assessed and noted large purple bruising with yellowish shadowing to the right lateral (outer aspect) of the breast. This area was previously noted on 9/26/24 and DON aware. Orders received for bilateral rib X-rays.</p> <p>During an interview on 9/30/24 at 9:38 A.M. Resident #1 said the following:</p> <p>-A few days ago a staff member came into the room and told him/her that he/she was going to put him/her to bed;</p> <p>-The staff member brought in the sit to stand lift, he/she questioned the staff member on getting another staff member to help, and this staff member said the he/she knew how to work the sit to stand and everything was going to be okay;</p> <p>-The staff member put the sit to stand belt around his/her waist and began to lift him/her up. As he/she was being lifted up, the belt felt like it was cutting into his/her body, he/she began to scream out as it hurt under his/her right arm;</p> <p>-The staff member continued to lift him/her up and then pushed him/her into the bed and lowered him/her down onto the bed;</p> <p>-The staff member put his/her legs onto the bed and without positioning him/her and left the room;</p> <p>-Another staff member came in and positioned him/her in bed;</p> <p>-His/Her right side under the arm pit still hurt and caused him/her pain.</p> <p>Observation of the resident on 9/30/24 at 11:13 A.M. showed the following:</p> <p>-A large dark purple with yellow edges located on the lateral aspect of the resident's right breast;</p> <p>-The resident said it was tender when touched.</p> <p>During an interview on 9/30/24 at 2:00 P.M. the DON said the following:</p> <p>-She was notified on 9/24/24 that CNA A had transferred Resident #1 by him/herself using a sit to stand lift;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265881	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF PROVIDER OR SUPPLIER Sunterra Springs Dardenne Prairie		STREET ADDRESS, CITY, STATE, ZIP CODE 7275 State Highway N Dardenne Prairie, MO 63368	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-It is the facility policy that two staff members are required when using any mechanical lift to transfer a resident;</p> <p>-Therapy had assessed the resident on 9/24/24 and determined that the sit to stand lift was appropriate. Therapy then will educate the staff on how to use the sit to stand with the resident. This was done on 9/24/24 with CNA A;</p> <p>-The employee was an agency aide and signed that he/she was aware of the facility policy that two staff members were to be used when using the sit to stand lift;</p> <p>-CNA A will not be working at the facility again;</p> <p>-She would expect staff to follow the facility policy for using two staff members with any mechanical lift transfer.</p> <p>During an interview on 10/1/24 at 3:50 P.M. CNA A said the following:</p> <p>-He/She worked the day shift on 9/24/24. He/She had never cared for Resident #1 before;</p> <p>-He/She was a agency employee and did not get any report from the off going staff member, so he/she was unsure how the resident transferred;</p> <p>-Therapy evaluated the resident on 9/24/24 and educated the resident and staff on how to use the sit to stand for transfers with the resident;</p> <p>-Toward the end of the shift, the resident asked to go to bed so he/she brought the sit to stand machine to the resident, placed the belt around the resident and began to transfer the resident from the wheelchair to the bed. The resident yelled out in pain as he/she put the resident in the bed;</p> <p>-He/She knew that there should have been two people to use the sit to stand machine, but he/she could not find any help and the resident begged to lay down;</p> <p>-He/She knew how to operate the machine. The belt did not slid up under the resident's arm pits;</p> <p>-He/She finished care on the resident and left the room.</p> <p>During an interview on 10/4/24 at 8:45 A.M. the Director of Therapy said the following:</p> <p>-Physical Therapy had assessed the resident on 9/24/24 for the safest method of transfer which was the sit to stand lift;</p> <p>-Once therapy evaluates for the safest mode of transfer, they will train the staff, including agency staff, on that method. This was done with the assigned caregivers on 9/24/24;</p> <p>-Staff should use two staff members when using any mechanical lift including the sit to stand lift.</p> <p>MO242605</p>		