

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 12/05/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</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 notify the physician and/or responsible parties when two residents (Residents #1 and Resident #2), in a review of six sampled residents, had a change in condition. The facility census was 34.</p> <p>Review of the facility policy for Notification of Changes dated 7/2024 showed the following:</p> <ul style="list-style-type: none"> -The purpose of this policy is to ensure the facility promptly inform the resident, consults the resident's physician; and notifies, consistent with his or her authority, the resident's representative when there is a change requiring notification; -Circumstances requiring notification include significant change in the residents physical, mental or psychosocial condition such as deterioration in health, mental or psychosocial status, and transfer or discharge of a resident from the facility; -The facility must still contact the residents physician and notify the resident's representative, if known; -When a resident is mentally competent, such a designated family should be notified of significant changes in the resident's health status because the resident may not be able to notify them personally, especially in the case of sudden illness or accident; -Contact information of the resident's legal representative or family member must be recorded and periodically updated. <p>1. Review of Resident #1's face sheet showed the following:</p> <ul style="list-style-type: none"> -admitted to the facility on [DATE] with diagnoses of diabetes with a foot ulcer, infection in the foot ulcer, vascular disease (a general term for conditions that affect the body's blood vessels, veins, and lymphatic vessels), stage four kidney disease (indicates a severe level of kidney damage where your kidneys are not functioning properly to filter waste from the blood) and atrial fibrillation (A-fib - a common type of irregular heartbeat that affects the upper chambers of the heart (atria); -No emergency or family contacts listed. <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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's Social Services admission note dated 10/11/24 at 1:58 P.M., and signed by Social Services Director (SSD) showed primary contact was Family Member A.</p> <p>Review of the resident's comprehensive Minimum Data Set (MDS), a federally mandated assessment instrument completed by staff, dated 10/16/24 showed the following:</p> <ul style="list-style-type: none"> -Resident able to make self understood and able to understand others; -Alert and oriented and able to make some decisions. <p>Review of the resident's nurses notes dated 11/7/24 at 7:19 A.M., signed by Licensed Practical Nurse (LPN) B showed the resident had delusions and was confused about who the nurse was. The resident slipped out of the wheelchair and had episodes of agitation. The resident was sent to a local hospital for evaluation.</p> <p>Review of the resident's nurses notes dated 11/8/24 at 6:15 A.M. showed the resident admitted to the hospital.</p> <p>Review of the resident's medical record dated 11/7/24 and 11/8/24 showed no documentation staff notified any of the resident's contacts the resident was sent to the hospital or admitted to the hospital.</p> <p>During an interview on 12/5/24 at 9:55 A.M. the Social Services Director (SSD) said the following:</p> <ul style="list-style-type: none"> -The facility utilized a Central Intake that inputs resident information into the electronic medical record; -The Central Intake will input what was received from the hospital and information gathered from the resident and the resident's responsible party; -She did not know why there was no responsible party listed on the face sheet for Resident #1; -She knew the resident's responsible party was Family Member A per the hospital records. <p>During an interview on 12/5/24 at 10:08 A.M. Family Member A said the following:</p> <ul style="list-style-type: none"> -The facility did not notify him/her the resident was being sent to the hospital or was admitted to the hospital; -The resident called him/her from the emergency room to let him/her know the resident was at the hospital; -He/she never got a call from the facility, even when he/she came to collect the resident belongings, no one talked with him/her about the resident or what led up to the resident going to the hospital. <p>During an interview on 12/5/24 at 11:40 A.M. Licensed Practical Nurse (LPN) B said the following:</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Resident #1's contact/responsible party information was on the hospital paperwork and available for the Central Intake to put on the face sheet. Resident #2's contacts were available for the nurses;</p> <p>-If a nurse was not able to make contact with the responsible party listed on the face sheet at the time of the condition change or sending the resident out to the hospital, she would expect this information to be passed on to the next nurse and the following nurse attempt contact. If that nurse was not successful, then the nurse should send a message to her;</p> <p>-She would expect nurses to document in the progress notes whether a contact was made with the responsible party or not.</p> <p>During an interview on 12/5/24 at 11:05 A.M. the Administrator said the following:</p> <p>-Resident responsible party/contact information should be available to staff on the face sheets;</p> <p>-He would expect staff to notify the responsible party or contact of any change of condition or hospitalization and if unable to make contact, staff should notify the DON or himself.</p> <p>MO244910</p>		