

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265883	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/23/2024
NAME OF PROVIDER OR SUPPLIER Arbor Hills Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 800 Chambers Road Ferguson, MO 63135	

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** 44948</p> <p>Based on interview and record review, the facility failed to notify a resident's responsible party after new skin conditions, which required treatment, were identified, for one of 10 sampled residents (Resident #1). The facility census was 69.</p> <p>Review of the facility's Changes in Condition Notification policy, revised 11/2022, showed:</p> <p>-It is the responsibility of licensed staff to contact the physician and the resident's responsible party whenever there is a change in the resident's physical, mental, or psychosocial status;</p> <p>-A change in condition is any assessment finding, observance, or event that deviates or has the potential to cause a deviation in the resident's usual or expected physical, mental, or psychosocial status;</p> <p>-Except in situations where a medical emergency exists, all notifications will be made within 24 hours of the noted change;</p> <p>-Upon identification of a change in condition, licensed nursing personnel will contact the resident's responsible party to inform them of the change.</p> <p>Review of Resident #1's medical record, showed:</p> <p>-The resident was admitted on [DATE] and discharged on [DATE];</p> <p>-Medical diagnoses included: Diabetes, stroke, cognitive communication deficit, anemia (lack of iron in the blood causing impaired oxygenation), and urinary tract infection.</p> <p>Review of the resident's progress notes showed:</p> <p>-A note from 12/1/23 at 8:19 A.M. entered by the floor nurse, noted a reddened area of possible pressure was noted on the resident's right great toe. The facility physician was contacted and a treatment was put in place.</p> <p>-No progress note showed staff notified the resident's responsible party (RP) of the wound, newly identified on 12/1/23;</p> <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>-A note from 2/15/24 at 9:36 A.M. entered by the floor nurse, noted a reddened area with three small openings in the skin was noted to the resident's coccyx (tailbone) area, near the borders of a previous sacral (an area of the lower back below the lumbar spine and above the tailbone) wound scar. A treatment order was given by the Nurse Practitioner and completed by staff.</p> <p>-No progress note showed staff notified the resident's RP of the wound, newly identified on 2/15/24.</p> <p>During interview on 2/23/24 at 9:23 A.M., the facility Wound Nurse said the resident was found to have an area of moisture-associated skin damage (MASD, skin erosion caused by prolonged exposure to moisture) on the coccyx near a previous sacral wound on or around 2/15/24. The wound was reported to the Nurse Practitioner (NP) who gave a treatment order, to be completed daily and as needed after incontinent episodes. The Wound Nurse did not contact the resident's RP at that time, as the plan was to continue treatment until the wound physician could assess the wound and provide further treatment orders if needed. Facility administration would expect this wound to be reported to the resident's responsible party per facility policy.</p> <p>During interview on 2/23/24 at 11:44 A.M., the Administrator and Director of Nursing (DON) said staff are expected to notify a resident's responsible party in the event of any change in condition, including wounds or new skin issues as they arise. They expected facility staff to properly document notification of a responsible party when made.</p> <p>MO00232103</p>		