

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/24/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265495	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/07/2025
NAME OF PROVIDER OR SUPPLIER ST CLAIR NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1035 PLAZA COURT NORTH SAINT CLAIR, MO 63077		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 689 SS=E	<p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and record review facility staff failed to safely propel three residents (Resident #23, #263, and #5) in a wheelchair. Facility staff failed to safely store hazardous materials in a manner to prevent accidents in one shower room and one storage room. The facility census was 58.</p> <p>1. Review of the facility's Wheelchair Mobility policy, dated 2023, showed staff were directed that if a resident needs to be propelled and does not generally move or propel the wheelchair on their own, proper foot positioning on wheelchair pedal will be maintained and provided.</p> <p>2. Review of Resident #23's quarterly Minimum Data Set (MDS) a federally mandated assessment tool, dated 10/21/24, showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -Wheelchair dependent; -Diagnosis of Alzheimer. <p>Observation on 02/04/25 at 11:30 A.M., showed an unknown staff propelled the resident on the 200 hall dining area to the 300 hall living room.</p>	F 689			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Administrative

2/25/25

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.

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F 689	<p>Continued From page 1</p> <p>Observation showed the resident bilateral feet slid on the floor and his/her right wrist rubbed the wheelchair wheel.</p> <p>3. Review of Resident #263's admission MDS dated 1/27/25 showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Diagnosis of arthritis and Alzheimer's; -Impairment of both upper extremities; -Wheelchair dependent. <p>Observation on 02/05/25 at 8:33 A.M., showed an unknown staff propelled the resident to the dining room. Observation showed the wheelchair did not have foot pedals and the resident lifted his/her feet. The staff member stopped in the hall and said to the resident he/she needed to find the resident's foot pedals before they continued. Observation showed another unknown staff person began to push the resident to the dining room.</p> <p>4. Review of Resident #5's quarterly MDS, dated 1/19/25, showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Severe cognitive impairment; -Wheelchair dependent; -Diagnosis of Alzheimer and dementia. <p>Observation on 02/05/25 at 10:30 A.M., showed the Activity Director propelled the resident from the 200 hall dinning area towards the hallway without foot pedals on the wheelchair and both feet slid and bounced off the floor.</p> <p>During an interview on 02/05/25 at 10:31 A.M., the Activity Director said he/she should have gone</p>	F 689			

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F 689	<p>Continued From page 2</p> <p>and got the pedals for the wheelchair before pushing the resident. He/She said normally they lift their feet up when being pushed.</p> <p>5. During an interview on 02/06/25 at 2:10 P.M., Licensed Practical Nurse (LPN) C said pushing a resident in a wheelchair without foot pedals could cause an injury.</p> <p>During an interview on 02/07/25 at 8:51 A.M., the Director of Nursing (DON) said staff should put foot pedals on a wheelchair prior to pushing a resident. This will prevent injuries or falls.</p> <p>During an interview on 02/07/25 at 11:08 A.M., the administrator said staff should make sure foot pedals are on a wheelchair before pushing a resident for safety. If a residents foot hit the floor it could cause injury.</p> <p>5. Review of the facility's Chemical Usage and Storage policy, dated 01/01/20, showed all chemicals should be stored in a secure location when not in direct use, and should never be left out in the open where others may accidentally come into contact with it.</p> <p>6. Observation on 02/05/25 at 9:40 A.M., showed the medical supply room on the 200 hall, unlocked. Observation showed an unlocked cabinet below the sink contained a bottle of odor control solution, two bottles of cleaning solution and one bottle of calcium, lime and rust remover with precautionary statements which indicated hazards.</p> <p>During an interview on 02/05/25 at 9:45 A.M., the maintenance director said no one had ever asked him/her to place a lock on the supply room door</p>	F 689			

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F 689	<p>Continued From page 3</p> <p>so he/she never thought about the risks of the cleaning chemicals.</p> <p>7. Observation on 02/06/25 at 1:50 P.M., showed the 100 hallway shower room door open. Observation showed an unlocked storage cabinet with an open box of disposable razors. Observation showed multiple residents walked by the open shower room door.</p> <p>During an interview on 02/06/25 at 1:50 P.M., CNA A said shower room doors are to be locked when not in use. He/She said the 100 hall shower room and cabinets can not be locked. Residents could be harmed if they came into contact with chemicals.</p> <p>8. During an interview on 02/06/25 at 2:01 P.M., CNA B said storage cabinets and showers are supposed to be locked to prevent injury to the residents.</p> <p>During an interview on 02/06/25 at 2:10 P.M., LPN C said showers and cabinets should be locked because anyone could get in. Chemicals could injure a resident.</p> <p>During an interview on 02/07/25 at 8:51 A.M., the DON said residents should not have access to chemicals or other hazardous materials. He/She said hazardous materials should be locked up to prevent resident injury.</p> <p>During an interview on 02/07/25 at 11:08 A.M., the administrator said residents should not have access to any hazardous materials due to the risk to their health. These materials should be in a locked cabinet or room.</p>	F 689			

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13744	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2025
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A4074	<p>19 CSR 30-85.042(65) Protective Oversight, Voluntary Leave</p> <p>Each resident shall receive twenty-four- (24-) hour protective oversight and supervision. For residents departing the premises on voluntary leave, the facility shall have, at a minimum, a procedure to inquire of the resident or resident's guardian of the resident's departure, of the resident's estimated length of absence from the facility, and of the resident's whereabouts while on voluntary leave. I/II</p> <p>This regulation is not met as evidenced by: Class III</p> <p>Please refer to F689</p>	A4074		

Missouri Department of Health and Senior Services

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Ken Marsh

TITLE

Administrator

(X6) DATE

2/25/25

PLAN OF CORRECTION		
Provider/Supplier Name:	St. Clair Nursing Center	
Street Address, City, Zip:	1035 Plaza Ct North St. Clair MO 63077	
Date of Survey:	02/07/2025	
PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		265495
ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
F 689	<p>This plan of correction is submitted as required under State and Federal Law. The submission of this plan of correction does not constitute an admission on the part of St. Clair Nursing Center as to the accuracy of the surveyor's findings nor conclusions drawn there from. The facility's submission of the plan of correction does not constitute an admission on the part of the facility that the findings are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies are correctly applied.</p>	
	<p>It is the policy of the facility to ensure that the resident environment remains free of accident hazards as is possible; and each resident receives adequate supervision and assistive devices to prevent accidents.</p>	
	<p>Corrective action for alleged deficient practice:</p> <p>On 2/7/25 DON visually checked resident #23, #263, and #5 to ensure each resident had appropriate foot pedals available for their specific wheelchair.</p> <p>On 2/6/25 Maintenance Director placed a coded lock on shower room on the 100 hall to ensure all hazardous materials were behind a locked door.</p> <p>On 2/10/25 Maintenance Director placed lock on medical supply room on the 200 hall to ensure all hazardous materials were behind a locked door</p>	3/17/25
	<p>To identify alleged deficient practice will not affect any other resident in the facility:</p> <p>DON/Designee initiated re-education with all staff on propelling residents in their wheelchair and using foot pedals to safely move residents from one area to another in their wheelchair. All newly hired employees will be educated on propelling residents in wheelchairs during orientation.</p>	3/17/25

	<p>DON/Designee initiated re-education on storage and safety of hazardous materials behind a locked door where others have the potential to come in contact with such hazardous materials. All newly hired employees will be educated on storage and safety of hazardous material during orientation.</p>	
	<p>To monitor that alleged practice does not reoccur</p> <ul style="list-style-type: none"> • DON/Designee created audits to visually inspect staff pushing residents in wheelchairs safely. These audits will be completed by DON/Designee observing 5 staff members pushing residents in wheelchair weekly for 4 weeks, then monthly x 1 month and then random audits thereafter. • DON/Designee created audit form to ensure hazardous materials remain behind locked doors at all times. These audits will be completed by DON/Designee weekly for 4 weeks, then monthly x 1 month and then random audits thereafter. 	<p>3/17/25</p>
	<p>To further monitor</p> <p>DON/Designee will forward wheelchair and hazardous material audits to administrator/designee for review. These audits will be brought to monthly QAPI for 3 months for review and further recommendation from the team.</p>	<p>3/17/25</p>

The Administrator signing and dating the first page of the CMS-2567/State Form is indicating their approval of the plan of correction being submitted on this form.

