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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265589	A. BUILDING _____ B. WING _____	C 02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST PETERS REHAB AND HEALTHCARE CENTER	230 SPENCER ROAD SAINT PETERS, MO 63376

(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 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to:	F 880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: DON | (X6) DATE: 2/27/2025

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 880	Continued From page 1 (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure nursing staff performed appropriate hand hygiene and changed gloves during the provision of care for one resident (Residents #2), and failed to follow the facility policy for Enhanced Barrier Precautions (EBP) for four residents (Residents #1, #2, #3, and #4), in a review of nine sampled residents. Staff failed to utilize Personal Protective Equipment (PPE) while providing high-contact care activities or wound care. The	F 880		

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facility had identified 16 residents with wounds, six residents with indwelling catheters (a sterile tube inserted into the bladder to drain the bladder of urine) and three residents receiving Enteral tube feedings (a tube placed in the stomach to provide nutrition). The facility census was 81.

Review of the facility policy for Perineal Care with a revision date of 10/22 showed the following:
-Wash hands, put on gloves, provide perineal care to the resident, remove wet linen, place dry linens or briefs underneath the resident, reposition the resident;
-Remove gloves and wash hands or use alcohol-based hand sanitizer. Do no touch anything with gloves after the procedure;
-Put on clean gloves;
-Clean and return any equipment to its proper place;
-Place soiled linen in proper container;
-Remove gloves;
-Wash hands.

Review of the facility policy for Hand Hygiene with a revision date of 10/22 showed the following:
-The facility considers hand hygiene the primary means to prevent the spread of infections;
-Facility staff follow the hand hygiene procedures to help prevent the spread of infections to other staff, residents, and visitors;
-Facility staff must perform hand hygiene procedures in the following circumstances: before eating, after using the bathroom, when soiled with visible dirt or debris; contact with blood, other body fluids, secretions, excretions, mucous membranes, non-intact skin, intact skin soiled with blood or other body fluids, wound drainage and soiled dressings after contact with

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F 880	Continued From page 3 intact or non-intact skin, clothing and environmental surfaces of residents with active diarrhea even if gloves are worn, before and after food preparations and before and after assisting residents with dining if direct contact with food is anticipated or occurs and in between glove changes; -Hand hygiene is always the final step after removing and disposing of person protective equipment. Review of the facility policy for Standard and Enhanced Precautions with a revision date of 7/23 showed the following: -Standard Precautions are used in the care of residents regardless of their diagnoses or suspected or confirmed infections status. Standard Precautions presume that blood, body fluids, secretions and excretions (except sweat), non intact skin and mucous membranes may contain transmissible infection agents; -Standard Precautions apply to the care of all residents regardless of suspected or confirmed presence of infectious diseases; -Standard Precautions include hand hygiene, gloves, masks and eyewear, gowns; -Enhanced standard precautions will be implemented for residents with a known Multi Drug Resistance Organism (MDRO) and who are at high-risk for colonization (refers to the presence of microorganisms on or within a person's body, where they are multiplying and growing, but without causing any noticeable symptoms or disease) and transmission; -Resident characteristics that are associated with a high-risk of MDRO colonization and transmission include presence of indwelling devices (e.g. urinary catheter, feeding tube, endotracheal or tracheostomy tube, vascular	F 880		

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catheters); wounds, or presence of pressure ulcer (unhealed; functional disability and total dependence on others for assistance with activities of daily living.

1. Review of Resident #1 undated face sheet showed the resident with diagnoses of multiple sclerosis (is a chronic, autoimmune disease that affects the central nervous system (brain and spinal cord).

Review of the resident's nurses progress notes dated 2/5/25 showed the resident admitted to the hospital due to vomiting.

Review of the resident's nurses progress notes dated 2/10/25, showed the resident readmitted to the facility with diagnosis of Influenza A and open areas on both buttocks. Consult outside wound care agency for treatment.

Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by staff dated 2/13/25 showed the following:
-Dependent upon staff for toileting and personal hygiene;
-Incontinent of bowel and bladder.

Review of the resident's facility wound report dated 2/25/25 showed the resident had an open area to the right and left buttock.

Observation on 2/25/25 from 9:00 A.M. to 4:00 P.M., showed no sign on the resident's door posted for EBP or directing staff to wear personal protective equipment (PPE) when providing care to the resident.

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F 880	Continued From page 5 Observation on 2/27/25 at 7:24 A.M. showed the following: -No EBP sign posted on the resident's door to inform staff the resident was on EBP precautions and what PPE to wear; -Certified Nurse Aide (CNA) B and Nurse Aide (NA) C entered the resident's room without wearing gowns to provide incontinent care to the resident; -The resident had been incontinent of feces; -CNA B and NA C provided incontinent care, then gathered the dirty linens and took out of the room to the soiled linen barrel; CNA B and NA C did not remove their gloves and wash hands prior to leaving the resident's room; -CNA B and NA C returned to the room and washed hands. Observation on 2/27/25 at 9:00 A.M., showed the Assistant Director of Nursing (ADON)/Infection Preventionist (IP) place a sign on the door to Resident #1's room that showed the following: -STOP Enhanced Barrier Precautions Everyone Must: clean their hands, including before entering and when leaving the room; -Providers and staff must also wear gloves and gown for the following high-contact resident care activities: dressing, bathing/showering transferring, changing linens, providing hygiene, changing briefs or assisting with toileting; device care of use: central line, urinary catheter, feeding tube, tracheostomy; wound care - any skin opening requiring a dressing; -Do not war the same gown and gloves for the care of more than one person. During an interview on 2/27/25 at 9:30 A.M. CNA B said the following: -He/She was not aware that Resident #1 was on	F 880		

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F 880	Continued From page 6 EBP; -He/She was told after providing care the resident was on EBP and gowns should be worn when providing care; -The sign was not on the door when he/she provided care. During an interview on 2/27/25 at 10:00 A.M. ADON/IP said the following: -He/She was responsible for the facility's infection control program; -Resident #1 should have had a sign on the door alerting staff to the EBP; -Resident #1 was on EBP due to wounds. 2. Review of Resident #2's quarterly MDS dated 2/12/25 showed the following: -Diagnoses of stroke and aphasia (inability to speak); -Receives enteral feedings (a tube placed in the stomach to receive nutrition) for all nutritional needs. Observation on 2/25/25 from 9:00 A.M. to 4:00 P.M., showed no sign posted for EBP or directing staff to wear personal protective equipment (PPE) when providing care to the resident. Observation on 2/27/25 at 8:00 A.M. showed no sign posted for EBP or directing staff to wear personal protective equipment (PPE) when providing care to the resident. Observation on 2/27/25 at 8:17 A.M. showed the following: -CNA D enter the resident's room; CNA D did not don a gown, did apply gloves and told the resident he/she needed to change him/her; -CNA D removed the resident's urine saturated	F 880		

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F 880	Continued From page 7 brief, placed the brief on the floor, and removed one wipe from a package and with a back and forth motion wiped the resident's genitals. CNA D then rolled the resident to his/her left side, obtained another wipe from the package and with a back and forth motion wiped the residents buttocks; -CNA D removed a urine soaked from under the resident and threw the pad on the floor, placed a clean pad under the resident and then placed a clean brief under the resident. Without removing soiled gloves and performing hand hygiene before applying a clean pair of gloves, CNA D took a tube of skin barrier ointment out of the nightstand drawer and with one hand squeezed some ointment on the other hand and rubbed the ointment on the resident's buttocks. CNA D then fastened the brief around the resident; -With the same soiled gloves, CNA D removed the resident's gown that was wet with urine, threw the gown on the floor, put a clean gown on the resident, removed the top sheet and threw it on the floor, then put a clean top sheet on the resident; -With the same soiled gloves CNA D picked up the dirty linen off the floor and put the dirty linen in a bag; -With a towel and wearing the same soiled gloves, he/she wiped the over the bed table off, opened the door using the door handle, took the dirty linen down the hall to a linen barrel; -CNA D then removed his/her soiled dirty gloves, obtained a new pair of gloves from the linen cart and began to put the gloves on his/her hands. The ADON/IP stopped CNA D and told him/her to wash his/her hands; -The ADON/IP then placed a sign on the resident's door indicating the resident was on EBP.	F 880		

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F 880	Continued From page 8 During an interview on 2/27/25 at 9:15 A.M. CNA D said the following: -He/She did not know what EBP meant; -He/She would change his/her gloves when care was complete for the resident. 3. Review of Resident #3's quarterly MDS dated 2/7/25 showed the following: -Dependent upon staff for activities of daily living (ADLs); -Has an indwelling catheter and incontinent of feces; -Has a Stage III pressure ulcer (full-thickness tissue loss where subcutaneous fat is visible within the wound, but bone, tendon, or muscle are not exposed); -Diagnoses of Alzheimer's disease and dementia. Review of the resident's undated care plan for wound infection showed the following: -The resident has an infection of the coccyx (tailbone) wound; -Interventions to administer antibiotics, maintain universal precautions when providing resident care; -No interventions for EBP use. Review of the resident's undated care plan for the indwelling catheter showed the following: -The resident has an indwelling catheter; -Change catheter per physician orders; -No interventions for EBP use. Review of the resident's urinalysis with culture and sensitivity report dated 2/22/25 showed the following: -Urine sample collected on 2/18/25 and reported to staff on 2/22/25;	F 880		

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F 880	Continued From page 9 -Two plus blood, three plus protein, three plus leukocytes with may bacteria (indicated urinary tract infection); -Sensitivity report (a test that will show what bacteria is in the urine) showed greater than 100,000 CFU/ml (shows the amount of bacteria grown in the urine) of Proteus Mirabilis (a bacteria that can cause urinary tract infections, and can be transmitted by coming into contact with contaminated objects like catheters. Observation on 2/27/25 at 11:50 A.M. showed the following: -The resident sat in a wheelchair in the main dining room with an indwelling catheter. The indwelling catheter bag and tubing touched the floor, there was dark yellow urine with sediment in the tubing; -The resident's arms and face were bright red and he/she complained of itching. Registered Nurse (RN) E pushed the resident to his/her room with the catheter bag touching the floor and the tubing to the catheter dragging on the floor; -An EBP sign was on the door to the resident's room alerting staff the resident was on EBP precautions; -RN E put on a pair of gloves and obtained a bottle of lotion, placed a large amount of lotion on his/her gloved hand and began to spread the lotion on the resident's arms and legs. When finished, RN E removed his/her gloves, washed his/her hands and pushed the resident back to the dining room. During an interview on 2/27/25 at 11:55 A.M. RN E said the following: -The resident was on EBP due to having a wound, an indwelling catheter and a current UTI; -He/She should have put on a gown along with	F 880		

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F 880	Continued From page 10	F 880		

the gloves before putting lotion on the resident.

During an interview on 2/27/25 at 12:00 P.M. the ADON/IP said staff should have followed the EBP guidelines for the resident as he/she was at high risk for infections.

4. Review of Resident #4's face sheet showed the resident admitted to the facility on 2/21/25.

Review of the resident's comprehensive MDS dated 2/27/25 showed the following:
-Dependent upon staff for ADLs;
-Has an indwelling catheter and third degree burns (a serious wound that damages all three layers of the skin);
-Diagnoses of cerebral palsy (is a group of disorders that affect movement, balance, and posture. It is caused by damage to the developing brain before, during, or shortly after birth. This damage can lead to permanent changes in the brain that interfere with the brain's ability to control muscle movement).

Observation on 2/25/25 at 1:00 P.M. showed:
-The resident laid in the bed with an indwelling catheter bag hanging on the side of the bed, there was dark yellow urine in the tubing and bag with no sign posted for EBP;
-Several staff entered the resident's room to reposition the resident and wore no PPE.

Observation on 2/27/25 at 9:00 A.M. showed the ADON/IP placed an EBP sign on the door. The ADON/IP said the resident should have been on EBP precautions due to the indwelling catheter and the third degree burns.

During an interview on 2/27/25 at 11:30 A.M. the

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F 880	Continued From page 11 ADON/IP said the following: -Residents who have infections, indwelling catheters, enteral tube feedings, and wounds should be placed on EBP; -He/She is a little behind identifying who was on EBP, but the nurses should also identify and place a resident on EBP when the resident met criteria for EBP; -The facility has 15 residents with pressure ulcers, eight residents with indwelling catheters and three residents with enteral feeding; -In January there was five residents with wound infections and five residents with urinary tract infections; -As of February 18th there was three urinary tract infections documented on the Infection Control log. During an interview on 2/27/25 at 2:00 P.M. the Director of Nursing said the following: -She would expect staff to follow their policy for hand washing when providing care; -Nursing staff was aware prior to admission if a resident has an indwelling catheter, an enteral tube feeding, a wound or an infection that meets the criteria for EBP. She would expect the nurses to put EBP precautions in place at the time of admission, or when the resident meets the criteria. She would expect all staff to follow the facility policy for EBP. During an interview on 2/27/25 at 2:00 P.M. the Administrator said she would expect staff to follow their policy for hand washing and EBP. MO250092	F 880		

Missouri Department of Health and Senior Services

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A4086	19 CSR 30-85.042(77) Infection Control/Communicable Disease Residents shall be cared for by using acceptable infection control procedures to prevent the spread of infection. The facility shall make a report to the division within seven (7) days if a resident is diagnosed as having a communicable disease, as determined by the Missouri Department of Health and listed in the Code of State Regulations pertaining to communicable diseases, specifically 19 CSR 20-20.020, as amended. I/II This regulation is not met as evidenced by: Class II 1. Refer to F880.	A4086		

Missouri Department of Health and Senior Services
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: LNHA — (X6) DATE: 3/12/25

PLAN OF CORRECTION

Provider Name:	St. Peters Rehab and Healthcare Center
Street Address, City, Zip:	230 Spencer Road Saint Peters, MO 63376
Date of Survey:	2/27/2025
Provider number:	265589

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
F880	Resident #2 will have hand hygiene and gloves changed when care is provided. EBP will be in place if indicated. Resident #1, #2, #3 and #4 will have EBP in place if indicated. Current residents at the facility have the potential to be affected. DON/ADON or designee will audit current residents that require EBP to ensure correct signage is posted to the door and PPE is available on the hall. DON/ADON or designee will in-service facility staff on EBP. DON/ADON or designee will in-service nursing staff on peri care, hand washing, glove changing during cares and ensuring foley bags/tubing is maintained off the floor. DON/ADON or designee will observe 10 peri care observations per week to ensure hand washing and glove changing was completed per policy. Any issues identified will result in 1:1 education by the DON or designee. DON/ADON or designee will observe 5 foley catheters per week to ensure the foley bag and tubing is maintained off the floor. Any issues identified will result in 1:1 education by the DON or designee. DON/ADON or designee will observe 10 staff members weekly entering a room to care for a resident on EBP to ensure PPE is worn as appropriate. Any issues identified will result in 1:1 education by the DON or designee. DON/ADON or designee will interview 10 staff per week to ensure they understand what EBP is. Any issues identified will result in 1:1 education by the DON or designee. Results of the audit will be forwarded to the QAPI committee for review and recommendations for continued compliance.	3/13/2025

A4086	Refer to F880	

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.