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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>265784 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                       | (X3) DATE SURVEY COMPLETED<br><br>04/23/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Living Community of St Joseph |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1202 Heartland Road<br>Saint Joseph, MO 64506 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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| <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>Based on interview and record review, the facility failed ensure one of 6 sampled residents (Resident #1) received adequate assistance and supervision to prevent accidents when the facility staff transferred the resident to a standing position without a gait belt. The resident ambulated to the restroom, notified staff that he/she felt dizzy, the staff member left the resident alone to go obtain a gait belt and the resident fell. The resident fractured his/her left hip and required surgery. The facility census was 77.</p> <p>Review of the facility policy titled, Integrated Fall Management Policy, dated 8/24/17, showed:</p> <ul style="list-style-type: none"> <li>-Fall Risk assessments are to be completed quarterly and upon significant change of condition;</li> <li>-Identify other risk factors in the Minimum Data Set (MDS) to identify additional risk factors and interventions;</li> <li>-Residents at risk for falls have an individualized resident centered care plan developed based upon the fall risk assessment;</li> <li>-Include other professionals to assess or intervene regarding fall risk prevention;</li> <li>-Residents are provided education, regarding her/his fall risk and interventions to reduce falls based on the fall risk assessment;</li> <li>-Completed fall risk assessments are maintained in the resident's medical record.</li> </ul> <p>Review of the facility policy titled, Transfer Belt (Gait Belt) Placement Education Document, dated 2009, showed when transferring a resident, staff should always apply belt over clothing around waist with buckle in front.</p> <p>Review of CNA A's orientation training packet, showed CNA A was trained on 2/08/25 for safe transfers and gait belt use by the facility for competency and facility policy.</p> <p>1. Review of Resident #1's Face Sheet, dated 3/31/25., showed:</p> <ul style="list-style-type: none"> <li>-New admission to the facility;</li> <li>-Diagnoses included: Right lung cancer, high blood pressure, and a post-surgical wound left groin for clot removal.</li> </ul> <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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>   | <p>Review of the Resident's baseline care plan, dated 3/31/25, showed:</p> <ul style="list-style-type: none"> <li>- Resident's goals was not to sustain a fall with an injury;</li> <li>-The care plan did not identify the resident's activity level.</li> <li>-He/She was at risk for falls due to atherosclerosis of extremities;</li> <li>-Educate resident on the prevention and reduction of fall precautions;</li> <li>-No transfer or ambulatory status was care planned;</li> <li>-He/She was to receive PT/OT services to maintain highest functional ability;</li> <li>- The care plan did not address use of a walker or a gait belt for resident's mobility.</li> <li>-The care plan did not address how much staff assistance the resident required for mobility needs.</li> </ul> <p>Review of the Fall Risk Assessment, dated 3/31/25., showed:</p> <ul style="list-style-type: none"> <li>-The resident uses a front wheeled walker;</li> <li>- The resident's pain and wounds required the need for staff to assist with transfers.</li> <li>- The resident needs one staff person for transfer assistance with a gait belt and a second person for hygiene, equipment and clothing management recommended;</li> <li>- The resident was assessed as not being at risk for falls.</li> </ul> <p>Review of the Resident's documented Activities of Daily Living (ADL) and transfers document dated 4/6/25 at 3:33 P.M., showed the Resident required extensive assistance with transfers by staff to assist with ADLs.</p> <p>Review of the Resident's nursing progress notes on 4/6/25 at 12:55 P.M., showed:</p> <ul style="list-style-type: none"> <li>-Nursing staff transferred Resident in the bathroom with a walker, resident fell in bathroom. Resident went to turn and reach for the grab bar, but turned wrong and fell.</li> <li>- Resident fell to the floor with feet out in front of him/her and resident hit head against the bathroom wall;</li> <li>-The resident denied pain to his/her head but stated left hip pain was at a level 5 out of 10 on the pain scale, with 10 being the worst pain.</li> <li>-Emergency Medical Services (EMS) arrived to transfer the resident to the emergency room (ER).</li> </ul> <p>Record Review of the facility's fall event report, dated 4/6/25 at 6:08 P.M., showed:</p> <ul style="list-style-type: none"> <li>- The report was completed by LPN A;</li> </ul> <p>(continued on next page)</p> |  |  |

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| <p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>   | <p>- The fall was witnessed by CNA A;</p> <p>-The Resident was transferred without the use of a gait belt by CNA A;</p> <p>-CNA A left the resident's side to grab a gait belt, and the resident lost balance and fell;</p> <p>-The resident complained of a pain level 7 (out of 10) for head and hip pain;</p> <p>-The resident complained of dizziness, lightheadedness, headache, and nausea vomiting.</p> <p>-The resident was sent to the hospital for evaluation of injuries;</p> <p>-The hospital provided an updated to LPN A that the resident sustained a left hip fracture injury.</p> <p>Review of the Resident's hospital records dated 4/6/25, showed:</p> <p>-He/She fell when left unassisted, and had sustained an injury at the facility;</p> <p>-He/she had left hip pain;</p> <p>-X-ray dated 4/6/25 resulted in a fracture of left femur;</p> <p>-Surgical intervention was completed on 4/8/25 to repair the fracture.</p> <p>During a interview on 4/23/25 at 5:30 P.M., Certified Nurses Aide (CNA) A said:</p> <p>- He/she transferred the resident from the bed to the standing position without a gait belt;</p> <p>-After he/she assisted the resident up off the bed, the resident immediately began walking towards the restroom before he/she could put a gait belt on the resident;</p> <p>-The gait belt was next to the resident's bed.</p> <p>-He/She heard the resident say he/she was dizzy;</p> <p>-CNA A told the resident to hold onto the bar and not move;</p> <p>-He/She left the resident standing in the bathroom alone holding on to the pull bar while she retrieved the gait belt;</p> <p>-As soon as CNA A took three steps to reach gait belt, the resident fell trying to turn him/herself in order to sit on the toilet.</p> <p>-The resident landed with his/her head against the wall.</p> <p>-The resident said he/she was in pain.</p> <p>-He/She knew he/she was supposed to use a gait belt when transferring the resident but did not use it;</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>   | <p>-He/She had been trained on transfers and resident safety with transfers.</p> <p>During an interview on 4/23/25 at 11:59 A.M., Licensed Practical Nurse (LPN) A said:</p> <p>-He/she was asked to go to the resident's room and assess the resident after the fell;</p> <p>-He/she said the resident was not wearing a gait belt and was already sitting in a wheelchair; -He/she did not know who transferred the resident up off the floor into the wheelchair.</p> <p>-He/she observed the resident being transferred with a gait belt from the wheelchair to the bed by 2 nursing staff members;</p> <p>-He/she assessed the resident and the resident did not appear to be in pain, but did complain of dizziness;</p> <p>-He/she assessed the resident's legs and the resident reported pain at a level of 5.</p> <p>- The resident denied any head pain;</p> <p>-There was no visible defects observed in the resident's skin integrity, and no leg rotation or shortening of the leg was observed;</p> <p>-Vital signs were monitored by LPN B;</p> <p>-Neurological nursing assessments were completed by LPN B.</p> <p>During an interview on 4/23/25 at 12:10 P.M., Registered Nurse (RN) A said all staff are to use gait belts when assisting residents to ambulate.</p> <p>During an interview on 4/24/25 at 4:44 P.M., Family Member (FM) A said:</p> <p>-He/she was in the room and witnessed the aide leave the resident unattended and the then the resident fell;</p> <p>-The residents fall could have been prevented if the resident was not left standing alone;</p> <p>-The resident was in pain and needed to be seen in the ER;</p> <p>-The resident had surgery to repair his/her broken hip and required additional surgery on his/her hip due to complications.</p> <p>During an interview on 4/23/25 at 10:55 A.M., Physical Therapist (PT) A said:</p> <p>-It is facility policy for staff to use gait belts when transferring residents, for the resident's safety.</p> <p>-He/She would expect that staff use a gait belt on the resident for staff assisted transfers and ambulation.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>   | <p>During an interview on 4/23/25 at 1:00 P.M., The Administrator said:</p> <ul style="list-style-type: none"> <li>-She expects Activities of Daily living to be documented on every resident's care plan;</li> <li>-All employees are educated on how to perform safe transfers and how to assist with ambulation;</li> <li>-Gait belt use is an expectation for all staff.</li> </ul> <p>During an interview on 4/23/25 at 1:45 P.M., The Director of Nursing (DON) said:</p> <ul style="list-style-type: none"> <li>-She expects Activities of Daily living to be on each resident's care plan;</li> <li>-All nursing staff are educated on how to assist residents on ambulation and transfers;</li> <li>-All nursing staff are expected to use gait belts for transfers and ambulation;</li> <li>-All nursing staff are expected to stay with residents if the resident needs assistance from staff;</li> <li>-CNA A did not follow the facility policy regarding when to use gait belts, which resulted in the resident's fall.</li> </ul> <p>MO252397</p> |  |  |