

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/14/2025
NAME OF PROVIDER OR SUPPLIER Aspen Point Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2840 West Clay St Saint Charles, MO 63301	
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)		
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain a safe, clean, and homelike environment for three residents (Resident #64, Resident #10, Resident #30) in a sample of 24 residents and one additional sampled resident (Resident #55). The facility census was 55. Review of the facility policy, Resident Environmental Quality, revised 09/01/2021, showed the following: -It is the policy of this facility to be designed, constructed, equipped, and maintained to provide a safe, functional, sanitary and comfortable environment for residents, staff and the public;-Resident rooms must be designed and equipped for adequate nursing care, comfort, and privacy of residents;-Preventative maintenance schedules, for the maintenance of the building and equipment, should be followed to maintain a safe environment;-All facility personnel are responsible for reporting broken, defective or malfunctioning equipment or furnishings immediately upon identification of the issue. 1. Observation on 08/11/25 at 1:08 P.M. in Resident #10's room showed the following:-A wet and soiled blanket laid across the windowsill; -A wet and soiled blanket laid on the floor under the air conditioning unit/window;-Chipped paint on the wall in between the windowsill and the air conditioning unit;-An electrical outlet on the wall under the window and above the floor. During an interview on 08/11/25 at 1:08 P.M., the resident said the following:-He/She would like his/her window caulked because water leaks everywhere and gets all of his/her items on the window side of the bed wet;-He/She had reported the leak to maintenance a few times and they still have not fixed it;-There was a blanket in the window and on the floor because everything gets wet when it rained;-An electrical outlet was directly under the window in the wall and the water runs down the wall;-The paint on the wall was chipped from the water damage. During an interview on 08/13/25 at 4:54 A.M., Certified Nurse Aide (CNA) C said the following:-All of the windows and air conditioning units leaked;-Many residents have complained about their windows and air conditioning units leaking;-He/She and other staff have complained and reported it to maintenance several times because of the safety/fall risk for residents and well as the electrical outlets being low on the wall;-He/She has told maintenance about it more than ten times; the leaks had been going on for months. 2. Observation on 08/11/25 at 3:15 P.M. in Resident #64's room showed the following:-A 1/2 - 1 inch gap between the two sliding glass doors to the outside (vertical gap from top of the door to the bottom of the door) showing no seal; -Grass and weeds were present in the opening and the heat from outside was coming into the room; -There were several blinds broken and missing from the sliding glass door;-There were cobwebs all around the window/blinds. During an interview on 08/11/25 at 3:15 P.M., the resident said the following:-Grass and bugs come in through the gap in the door;-He/She reported this to maintenance, and they never come in to do anything about it, so he/she had to clean it up;-He/She was in the facility for rehab with double pneumonia and was trying to get off of oxygen after all of his/her respiratory issues. The gap in the door was letting heat in the room and outside elements such as the grass and weeds blowing in as well as bugs made his/her respiratory issues worse.3. Observation on 08/11/25 at 1:52 P.M., in occupied room [ROOM NUMBER] showed the following: -Multiple gouges in the wall behind the resident's bed, approximately (continued on next page)		

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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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	six to eight inches long, showing the paint color beneath the top layer of paint;-Wallpaper peeling away from the windowsill exposing the drywall between the gaps;-Numerous ants crawling on the windowsill;-Caulk around the window frame, with openings in the caulk the approximate size of a pencil eraser;-White, unpainted spackle repaired area on the wall near the main doorway. 4. Observation on 08/14/25 at 1:00 P.M., in Resident #55's room showed multiple rolled up towels in the resident's windowsill. During an interview on 08/13/25 at 10:00 A.M. and 08/14/25 at 1:00 P.M., the resident said the following: -He/She puts the towels in the windowsill because when it rained, the window leaked;-The towels stopped the rain;-Maintenance was aware of the problem and has tried to fix the window numerous times. 5. Observations on 8/13/25 between 11:35 A.M. and 4:00 P.M., during the Life Safety Code tour, showed the following:-The wall behind occupied 107-B bed headboard with gouged marks in the sheet rock;-In occupied room [ROOM NUMBER], window shades with broken horizontal blinds; -In occupied room [ROOM NUMBER], two 1-inch unsealed holes in wall of the alcove area;-In occupied room [ROOM NUMBER], sliding shades with broken vertical blinds;-In occupied room [ROOM NUMBER], window shades with broken horizontal blinds;-In occupied room [ROOM NUMBER], window shades with broken horizontal blinds. During an interview on 8/14/25 at 1:45 P.M., the Maintenance Director said the following:-He was aware of some of the identified areas;-All staff are to monitor for environmental concerns. The facility used a system called angel rounds (monthly). It was designed to identify issues throughout the facility;-Maintenance is notified of environmental issues by a log kept at the nurse station, and he checks it on an ongoing basis. Staff also notify him in person; -He prioritizes the list for repairs and would expect items to be repaired within a day depending on the item's priority. He was the main maintenance person and had one other individual that helped him. It could be challenging to complete repairs and keep the list up to date. During an interview on 08/14/25 at 4:22 P.M., the Director of Nursing (DON) said the following:-She would expect that if a resident complained about water coming in from their window or around the air conditioning unit on the floor causing items to get wet, that staff report it to maintenance, the water be removed, and if any personal items are/were damaged, she would try to replace them or take care of them if they were soiled;-She would expect maintenance to fix the sliding glass door and ask the resident if he/she was okay with staying in that room until it was fixed if the resident had respiratory issues;-She would not expect a resident to clean their own floor if there were insects and grass coming in from the unsealed door; that was staff's job. During an interview on 08/14/25 at 4:40 P.M., the Administrator said the following:-If a resident complained that water was coming in from his/her window when it rained, or around the air conditioning unit on the floor causing personal items to get wet, she would expect staff to clean it up first, replace or restore the items, and contact plant operations for a permanent fix;-She expected the door to be sealed if a resident has a sliding glass door in his/her room that does not seal, and the resident has respiratory issues.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to change gloves in between dirty and clean tasks, complete appropriate hand hygiene and properly handle dirty linens and trash for four residents (Resident #9, #18, #27 and #51) in a review of 24 sampled residents. The facility census was 55. Review of the facility policy, Infection Prevention and Control Program, revised 04/23/25, showed the following: -This facility has established and maintains 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 as per accepted national standards and guidelines;-All staff shall assume that all residents are potentially infected or colonized with an organism that could be transmitted during the course of providing resident care services;-Hand hygiene shall be performed in accordance with our facility's established hand hygiene procedures;-All staff shall use personal protective equipment (PPE) according to established facility policy governing the use of PPE;-Environmental cleaning and disinfections shall be performed according to facility policy;-All staff have responsibilities related to the cleanliness of the facility and are to report problems outside of their scope to the appropriate department. Review of the facility policy, Hand Hygiene, revised 04/06/25, showed the following: -All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility;- Hand hygiene is a general term for cleaning your hands by handwashing with soap and water or the use of an antiseptic hand rub, also known as alcohol-based hand rub (ABHR);-Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice;-ABHR with 60 to 95% alcohol is the preferred method for cleaning hands in most clinical situations. Wash hands with soap and water whenever they are visibly dirty, before eating, and after using the restroom;-The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning (putting on) gloves and immediately after removing gloves. Review of the facility policy, Handling Soiled Linen, revised 09/01/21, showed the following: -It is the policy of this facility to handle, store, process, and transport linen in a safe and sanitary method to prevent the spread of infections. This policy pertains to soiled linen;- Linen includes sheets, blankets, pillows, towels, washcloths and similar items from departments such as nursing, dietary, rehabilitative services, beauty shops, and environmental services;- Contaminated linen is linen that has been soiled with blood or other potentially infectious materials;-Linen can become contaminated with pathogens from contact with intact skin, body substances or from environmental contaminants. Transmission of pathogens can occur through direct contact with linens or aerosols generated from sorting and handling contaminated linen;-All used linen should be handled using standard precautions (i.e. gloves) and treated as potentially contaminated. Other protective equipment may be required. Examples of linen that may require special handling include, but are not limited to visibly soiled with blood or large amounts of body fluids;-Linen should not be allowed to touch the uniform or floor and should be handled as little as possible, with minimum agitation to avoid contamination of air, surfaces, and persons;-Used or soiled linen shall be collected at the bedside (or point of use, such as the dining room) and placed in a linen bag or designated lined receptacle. When the task is complete, the bag shall be closed securely and placed in the soiled utility room. Soiled linen shall not be kept in the resident's room or bathroom;-Wash hands after contact with soiled linen. 1. Review of Resident #51's undated face sheet showed diagnosis include methicillin resistant staphylococcus aureus (MRSA - a type of bacteria that is resistant to many common antibiotics, making it harder to treat). Review of the resident's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 07/08/25, showed the resident had a surgical wound and required wound. Review of the resident's August 2025 Physician Order Sheet (POS) showed the following: (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Clean left hip with wound cleaner, pat dry. Apply calcium alginate (a type of wound care dressing for moderately to heavily exuding wounds) to wound bed, cover with 4x4 gauze then boarder gauze daily and as needed;-Enhanced barrier precautions (EBP) for chronic wound. Gown and gloves required for high-contact resident care activities. Review of the resident's care plan, revised on 08/11/25, showed the following: -The resident requires EBP related to wounds;-EBP includes the use of gowns and gloves during high-contact resident care;-The resident has actual impairment of skin integrity and follow facility protocols for treatment of injury. Observation on 8/14/25 at 12:42 P.M., showed the following: -The Assistant Director of Nursing (ADON)/wound care nurse performed a treatment to the resident's left hip surgical site;-The ADON performed hand hygiene, applied gloves and a gown and placed wound care supplies on a clean surface; -She removed the resident's old dressing which had a small amount of dried brown draining on the dressing; -The wound was approximately the size of a nickel with a pink center and a small amount of clear drainage; -The ADON removed her gloves, wrapped the old dressing up in the soiled gloves and placed them in the resident's trash can; -Without performing hand hygiene, the ADON applied a pair of new gloves; -She completed the resident's wound care and removed his/her gloves;-The ADON performed hand hygiene with ABHR at the end of the treatment after final glove removal. During an interview on 08/14/25 at 12:45 P.M., the ADON said she should have performed hand hygiene in between glove changes and did not due to not having her hand sanitizer readily available. She could have washed her hands with soap and water and did not. 2. Review of Resident #9's quarterly MDS, dated [DATE], showed the following:-Substantial/maximum assistance with toileting hygiene;-Requires substantial/maximum staff assistance for rolling left and right, sit to lying and lying to sitting on side of bed;-Range of motion limitations one side upper and lower body;-Frequently incontinent of bowel and bladder. Review of the resident's care plan, revised on 08/11/25, showed the following:-He/She had an activities of daily living (ADL) self-care performance deficit;-He/She required maximum assistance of one staff for toileting hygiene;-He/She had an actual skin impairment;-Keep his /her skin clean and dry;-Clean his/her peri-area with each incontinence episode. Observation on 08/13/25 at 4:15 A.M., showed the following:-Certified Nurse Assistant (CNA) E was in the resident's room and applied gloves to check the resident for incontinence;-The resident was incontinent of urine;-CNA E obtained warm soapy washcloths from the sink, unfastened the resident's incontinence brief and placed the urine soaked incontinence brief on the floor; -CNA E washed the resident's front peri-area, then used another wet washcloth to rinse the resident's front peri-area and placed the soiled washcloths on the floor; -With the same soiled gloves, CNA E rolled the resident to his/her right side, touching his/her left hip, and removed the incontinence brief;-CNA E then cleaned the resident's buttocks with a soapy washcloth and rinsed the resident's buttocks with a wet washcloth;-With the same soiled gloves, CNA E placed a clean incontinence brief under the resident;-CNA E picked up the used washcloths and urine soaked incontinence brief off the floor and placed them in separate trash bags;-CNA E removed his/her gloves, used hand sanitizer then took the trash bags to the dirty utility room.-CNA E did not clean the floor where he/she placed the soiled washcloths and brief. During an interview on 08/13/25 at 5:31 A.M., CNA E said the following:-He/She puts on gloves, enters the room, and makes sure everything was set up to provide care;-If the resident had a bowel movement, he/she would change gloves before touching clean items;-Since the resident did not have a bowel movement, he/she did not think to change his/her gloves;-He/She forgot to wash hands or use hand sanitizer after removing his/her gloves. 3. Review of Resident # 18's quarterly MDS, dated [DATE], showed the following:-Dependent on staff for toileting hygiene;-Dependent on staff for showering/bathing;-Always incontinent of bladder. Review of the resident's care plan, revised on 08/12/25, showed the following:-He/She had an ADL self-care performance deficit;-He/She was dependent of staff for showering/bathing and toilet hygiene;-He/She had potential for impairment to his/her skin; -Keep his/her skin clean and dry;-He/She had bladder/bowel incontinence; -Clean his/her peri area with each incontinence episode. Observation on 08/13/25 at 4:40 A.M. showed the following:-CNA C and CNA D enter the (continued on next page)		

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