

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/01/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Sunset Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 12651 Village Circle Drive Saint Louis, MO 63127	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30869</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents, who had a change in condition, was monitored and assessed, according to professional standards, by a licensed nurse throughout the night. The resident was sent to the hospital the next morning, intubated (tube inserted through the mouth and into the lungs so the person can be placed on a ventilator to assist with breathing) in the emergency room (ER) for respiratory failure (a condition in which the blood does not have enough oxygen), and admitted to the intensive care unit (ICU) for respiratory failure, atrial fibrillation (an irregular and rapid heartbeat) and septic shock (the most severe complication of sepsis and carries a high mortality) (Resident #2). The census was 129.</p> <p>Review of the facility's Acute Change of Condition policy, dated 8/2019, showed:</p> <p>-It is the policy of this facility to promptly identify, evaluate, and address a resident's change in condition, and to:</p> <p>-Immediately notify the resident and/or the resident representative and the resident's physician when a significant change in the resident's physical, mental, or psychosocial status occurs (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>-Licensed nurses will notify the resident and/or their representative and the resident's physician when condition changes occur;</p> <p>-Licensed nurses will also document these notifications in the medical record;</p> <p>-A key component of competency is a Certified Nurse Aide's (CNA) or licensed nurse's ability to identify and address a resident's change in condition. Facility staff should:</p> <p>-Be aware of each resident's current health status and regular activity;</p> <p>-Be able to promptly identify changes that may indicate a change in health status;</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 265136
		If continuation sheet Page 1 of 11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/01/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Sunset Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 12651 Village Circle Drive Saint Louis, MO 63127	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Once identified, staff should demonstrate effective actions to address a change in condition, which may vary depending on the staff who is involved. For example, a CNA who identifies a change in condition may document the change on a short form and report it to the Registered Nurse (RN) Manager. Whereas an RN who is informed of a change in condition may conduct an in-depth assessment, and then call the attending practitioner;</p> <p>-These competencies are critical in order to identify potential issues early, so interventions can be applied to prevent a condition from worsening or becoming acute. Without these competencies, residents may experience a decline in health status, function, or need to be transferred to a hospital;</p> <p>-Facility staff are expected to know how to identify residents' changes in conditions, and what to do once one is identified.</p> <p>-Procedure:</p> <p>-1. Assessment and Recognition:</p> <p>-Licensed Nurses will examine, assess, and document/report the following baseline information:</p> <p>-Vital signs;</p> <p>-Neurological status;</p> <p>-Level of consciousness;</p> <p>-Cognitive and emotional status;</p> <p>-Cardiopulmonary status;</p> <p>-Musculoskeletal, gastrointestinal, genito-urinary, skin, and sensory organ status.</p> <p>-Before contacting a physician about someone with an acute change of condition, the nursing staff will make pertinent observations and will collect appropriate information to report to the physician;</p> <p>-Phone calls to attending or on-call physicians should be made by a prepared nurse who has collected pertinent information, including the resident's current symptoms and status, onset, duration, and severity of the change in condition.</p> <p>-2. Cause Identification:</p> <p>-The nursing staff will contact the physician based on the urgency of the situation;</p> <p>-The Physician (or a practitioner providing backup coverage) will respond in a timely manner to notification of problems or changes in condition and status;</p> <p>-The Physician should ask questions to clarify the situation; e.g., vital signs, physical findings, and description of symptoms;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/01/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Sunset Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 12651 Village Circle Drive Saint Louis, MO 63127	
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 0684 Level of Harm - Actual harm Residents Affected - Few	<p>-The nursing staff and Physician will discuss possible causes based on resident history, current symptoms, medication regimen, and existing test results.</p> <p>-3. Treatment/Management:</p> <p>-The Physician will authorize appropriate treatments;</p> <p>-The Nurse will repeat any verbal orders to the Physician to ensure accurate transcription;</p> <p>-If it is decided, after sufficient review, that care or observation cannot reasonably be provided in the facility, the Attending Physician will authorize transfer to an acute hospital or another appropriate setting;</p> <p>-The staff will monitor and will document the resident's progress and responses to treatment, and the physician will adjust treatment accordingly;</p> <p>-The Physician will monitor a resident with a recent acute change of condition until the problem or condition has resolved or stabilized.</p> <p>Review of Resident #2's list of diagnoses on the Face Sheet, showed:</p> <p>-Chronic obstructive pulmonary disease (COPD, obstruction of air flowing through the airways, in and out of the lungs, is permanent, and becomes worse over time);</p> <p>-Chronic diastolic (congestive) heart failure (CHF, heart unable to pump enough blood to meet the body's needs);</p> <p>-Chronic kidney disease, stage 3A (moderate kidney damage);</p> <p>-Permanent atrial fibrillation (irregular, rapid heart rate which may cause heart palpitations, fatigue, shortness of breath, arterial blood clots and stroke);</p> <p>-Generalized anxiety disorder;</p> <p>-Major depressive disorder.</p> <p>Review of the resident's care plan, dated 10/5/23, showed:</p> <p>-No documentation of goal(s), or interventions, related to a history of nausea and vomiting, and order for as needed Zofran (a prescription medication that prevents nausea and vomiting);</p> <p>-No documentation of goal(s), or interventions, related to diagnosis of COPD, asthma, and as needed order for oxygen therapy;</p> <p>-No documentation of goal(s), or interventions, related to diagnosis of CHF and heart failure;</p> <p>-No documentation of goal(s), or interventions, related to diagnosis of anxiety disorder.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/01/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Sunset Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 12651 Village Circle Drive Saint Louis, MO 63127	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's primary care visit, dated 11/10/23, showed the following:</p> <ul style="list-style-type: none"> -The resident was frail, elderly and thin; -No nausea or vomiting; -Normal breath sounds with no cough, shortness of breath, or wheezing; -Cardiovascular with normal rate, rhythm, heart sounds, and no murmur; -No depression, nervousness, or anxiousness; -Alert and oriented to person, place and time; -Primary visit diagnoses listed as: <ul style="list-style-type: none"> -Moderate persistent asthma without complications. -Hypertensive heart with chronic diastolic congestive heart failure and permanent atrial fibrillation; -Chronic Stage 3A kidney disease. <p>Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 12/08/23, showed:</p> <ul style="list-style-type: none"> -Cognitively intact; -Independent with eating; -Minimal assistance with upper body dressing and personal hygiene; -Maximum assistance with sit to stand transfers, chair to bed transfers, and toilet transfers; -Wheelchair for mobility; -Frequently incontinent of bowel and bladder; -Primary medical condition: debility and cardiorespiratory conditions; -Other active diagnoses: heart failure, hypertension, renal failure, COPD, anxiety, and major depression. <p>Review of the resident's Physician Order Sheet, dated 11/8/23, showed:</p> <ul style="list-style-type: none"> -Ondansetron HCl 4 milligram (mg) tablet (generic for Zofran), by mouth, every 6 hours as needed for nausea and vomiting, last dose 12/17/2023; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/01/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Sunset Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 12651 Village Circle Drive Saint Louis, MO 63127	
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 0684 Level of Harm - Actual harm Residents Affected - Few	<p>-Geri-Lanta (used for symptoms of acid indigestion, stomach upset, heartburn) 200 mg-200 mg-20 mg/5 milliliters (ml) oral suspension, 30 ml by mouth every 6 hours as needed for indigestion. No last dose listed;</p> <p>-Meclizine (antihistamine used to prevent and treat nausea, vomiting, and dizziness) 25 mg chewable tablet by mouth every 12 hours, as needed for dizziness. No last dose listed;</p> <p>-Levalbuterol (opens airways to make breathing easier) solution for nebulization (device that turns the liquid medication into an aerosol that is breathed in through the mouth and nose) 3 (ml) inhalation every 6 hours as needed for shortness of breath/wheezing. No last dose date listed;</p> <p>-Oxygen therapy-2 liters per minute per nasal cannula, as needed for shortness of breath.</p> <p>Review of the resident's Vital Stats, dated 10/1/23 through 12/31/23, for the most recent documented vital signs, showed:</p> <p>-11/28/23 at 3:59 P.M., pulse 90 and blood pressure 111/60;</p> <p>-12/26/23 at 9:23 A.M., temperature 98.7.</p> <p>Review of the resident's progress notes, dated 12/26/23 at 4:37 P.M., showed a rapid COVID test was performed due to possible exposure and was negative, with no COVID symptoms noted.</p> <p>During an interview on 1/24/24 at 3:40 P.M., Licensed Practical Nurse (LPN) A said she worked for an agency and did not know if he/she cared for the resident prior to the evening of 12/26/23. He/She worked four hours that evening, from about 7:30 P.M. to 11:30 P.M. The resident's family member brought the resident back to the facility around 7:30 P.M. and said the resident was not him/herself. The nurse went into the resident's room and got his/her vital signs but could not recall if any of the vitals were abnormal. The resident vomited, about a handful amount, while the family member was still there. The resident thought maybe he/she had COVID and started to panic and cry. The nurse consoled the resident and said he/she would try to get something for the emesis. LPN A called the Physician, to report the emesis, but could not recall if the Physician gave him/her an order for Zofran or if the resident already had the order. The nurse gave the Zofran and said it was effective because he/she checked on the resident at least three more times and the resident was still sitting up in his/her recliner, sleeping. LPN A said no CNA reported anything about the resident to him/her that evening. LPN A did not document the Zofran because he/she did not know how to document a PRN (as needed) in the facility's electronic medical record. Nurse A did not know why he/she did not write a nurse's note. The night nurse was told about the resident's emesis and about the Zofran, during their verbal change of shift report. Sometime the next day, he/she was called by the facility's Director of Nursing (DON), who said the resident was sent to the hospital that morning and they needed documentation on what he/she did while he/she was there. Nurse A returned to the facility and wrote a late entry, after 5:00 P.M., on 12/27/23.</p> <p>Review of the resident's Medication Administration Record (MAR), dated December 2023, showed an order for Zofran 4 mg, as needed every 6 hours for nausea and vomiting, with last dose documented as given at 5:51 A.M. on 12/17/23. There was no documentation the Zofran was given on 12/26/23 or 12/27/23.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/01/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Sunset Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 12651 Village Circle Drive Saint Louis, MO 63127	
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 0684 Level of Harm - Actual harm Residents Affected - Few	<p>During an interview on 1/25/24 at 3:16 P.M., Nurse Practitioner (NP) B said she was on call for the hospital physician's group, for the holiday, from the evening of 12/26/23 until the morning of 12/27/23. She was not the resident's Nurse Practitioner and did not know the resident. Their calls are documented, but they do not put the exact time of the call in their report, but she knew the call came in before 11:00 P.M. on 12/26/23 because that is when she filed her first on-call report for the night. The nurse who called from the facility reported the resident was vomiting and had just been given Zofran. There were no signs of distress reported. NP B said they pretty much stop there, and do not give additional orders, unless the emesis looks like coffee grounds or if there is blood in the emesis. The nurses know they are to call back if the vomiting persists or there is a change in status. There were no further phone calls about the resident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/01/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Sunset Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 12651 Village Circle Drive Saint Louis, MO 63127	
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 0684 Level of Harm - Actual harm Residents Affected - Few	<p>During an interview on 1/25/24 at 12:00 P.M., CNA C said he/she was the resident's 12-hour night shift aide, from 7:00 P.M. to 7:00 A.M., on 12/26/23 to 12/27/23. CNA C had taken care of the resident many times before, but normally did not work on the resident's floor. Around 8:30 P.M. on 12/26/23, the resident said his/her stomach was upset, thought he/she had eaten too much, and wanted to go to the bathroom. CNA C helped the resident to the bathroom. The resident had some diarrhea, more gas than diarrhea, and had projectile vomiting that filled the bathroom sink basin almost halfway. CNA C said he/she showed the large amount of emesis, in the sink, to evening nurse, LPN A, who responded, Oh my goodness. CNA C helped the resident back to the recliner, where the resident always slept, and there was more projectile vomiting. It was mostly thin liquid and mucous, no solids, and about a large coffee cup amount. LPN A returned and gave the resident some Zofran. The nurse asked if he/she had vomited again, and the aide said yes. LPN A said they needed to keep an eye on the resident. The resident had emesis again, around 10:30 P.M., about 1.5 hours after the Zofran. It was mostly dry heaving and about one-half cup of emesis that was clear yellowish. CNA C was not concerned because COVID-19 was going around the facility, and the resident said he/she ate too much at the family visit. The resident was also chugging ice water. CNA C told LPN A about the yellow emesis, a smaller amount, and the nurse thought the Zofran had helped. Around 11:30 P.M., the resident was snoring, so he/she turned the lights and television off. CNA C told the oncoming night shift nurse, LPN E, about the resident's emesis episodes, that the resident was sleeping well, and told the nurse he/she would keep an eye on the resident. LPN E said okay, and to let him/her know if anything changed. CNA C said he/she checked on the resident every hour and at 3:00 A.M., the resident was vomiting and dry heaving again. There was about a coffee cup full of clear like emesis in the resident's bath/emesis basin and the resident was having a hard time getting his/her breath. The recliner's footrest was lowered, so the resident could sit up straight to breathe better, and the aide rubbed the resident's back to calm him/her down. CNA C told the resident he/she was going to ask the nurse if the resident could have more Zofran. LPN E said he/she was going to check to see if the resident could have more Zofran. At 4:00 A.M. the resident was awake and playing the slot machine game on his/her tablet, which was the resident's normal routine. The aide asked if he/she wanted to get cleaned up and change clothes for the morning, because the resident was too sick to get out of his/her clothes that evening. This had become somewhat of a pattern, as the resident was frequently too exhausted at the end of the day, and only wanted to fall asleep in the recliner without changing into pajamas. The resident did not know if he/she wanted to go to breakfast and said he/she would call when ready to get cleaned up. CNA C asked if the nurse had brought something for him/her, but the resident said he/she had not seen the nurse. CNA C hunted the nurse down and the nurse said he/she gave the resident something an hour ago. Around 5:20 A.M., CNA C noticed the resident had not turned on his/her call light, which was unusual. The resident always wanted to get cleaned up around 5:00 A.M., regardless. CNA C said the resident's condition really got bad after 5:00 A.M., when he/she found the resident leaned over, recliner feet down, bath basin in his/her lap, making a groaning type noise, and appeared to be trying to throw up but nothing was coming up. The resident could barely talk, but said, I don't want to get up. I can't stop throwing up. My stomach hurts so bad. CNA C ran into the hall, the nurse was maybe seven rooms away, and CNA C said, Hey, come here. The nurse said, I'll be there in a minute. CNA C went back into the room, and the resident was drooling. CNA C stayed with the resident. CNA C also rinsed out the resident's emesis basin and gave it back. The aide left the room at 5:45 A.M., walked the whole unit, but could not find the night nurse. The day shift nurse, LPN D, arrived early that morning and was putting his/her stuff up. CNA C told LPN D he/she needed someone to look at the resident. LPN D said, okay, let me put my stuff up, clock in, and find the night nurse. CNA C went back to check on the resident and found the resident with the recliner footrest back up and the basin on his/her stomach. CNA C told the resident LPN D had arrived and was going to check on him/her. At 6:20 A.M., still no LPN E, the night nurse, was seen. CNA C went back to the resident's room, where the resident was still sitting with his/her feet up, the basin on the stomach, and eyes were closed. The resident said no when asked if the nurse had been in. CNA C said he/she would be right back and went to the nursing station to tell the oncoming day shift CNAs the resident was sick and was not going to breakfast. At about 6:30 A.M., both the night nurse and the day nurse were at the nursing station getting report. CNA C said out loud, to both nurses, that the resident did not look good, had been throwing up all night, was sweating, and someone needed to see the resident. LPN D wrote it down and said he/she was</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/01/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Sunset Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 12651 Village Circle Drive Saint Louis, MO 63127	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/25/24 at 3:35 P.M., LPN E said he/she worked for a nursing agency and did not recall working with the resident before. LPN E worked on the resident's unit from 10:30 P.M. on 12/26/23, to 6:30 A.M., on 12/27/23. He/She received report from the evening shift nurse, LPN A, who said the resident had some emesis, a fever, had been given Zofran, the family had been notified, and the physician had said to monitor the resident. LPN E said he/she saw the resident at the beginning of the night shift, somewhere between 10:30 P.M. and 11:00 P.M., and the resident was fine. The aides saw the residents throughout the night shift. The resident's CNA reported nothing about the resident all that night, until after 6:00 A.M. that morning, when LPN E was on the hall, passing early morning medications. CNA C said the resident had emesis and he/she had cleaned it up. CNA C never said the resident had episodes of emesis throughout the night. LPN E said he/she checked on the resident and saw no emesis, as the aide had cleaned it up. The resident was resting and he/she did not talk to the resident because as an Agency nurse, I don't know their baseline. LPN E said, I know (he/she) was okay and was in no type of distress at all. LPN E said the resident was afebrile (without fever) but could not recall if it was a forehead scanned temperature, or other, because it was so long ago. LPN E said the resident's oxygen saturation was above 93. The day shift nurse, LPN D, was already there, as he/she had arrived early, and LPN E told LPN D about the vomiting. LPN E said there were too many things to be done at that facility, at change of shift, so by the time the oncoming nurse hits the floor, a lot of time has passed. LPN E did not recall if he/she documented anything on the resident. LPN E was at the nursing station all night, until it was time to pass the early morning medications. The facility camera would show he/she did not disappear during the night and that CNA C never reported anything to him/her during the night. LPN E said he/she did not check on the resident during the night because he/she had help. The aides do rounds every two hours and he/she counted on them to tell him/her if anything changed.</p> <p>Review of the resident's Vital Stats, showed no documentation for 12/27/23.</p> <p>Review of the resident's progress notes, showed:</p> <p>-12/27/23 at 11:13 A.M., LPN D spoke with physical therapist at 8:15 A.M. who said the resident did not look well. Resident checked on and observed labored breathing, audible wheezing, diaphoresis (excessive sweating due to an underlying health condition or medication), skin warm to touch, pale complexion, and a small amount of emesis. Oxygen saturation was 81% on room air. Oxygen applied at 4 liters per nasal cannula and oxygen saturation two minutes later was 65%. Call placed to 911, non-breather mask applied and oxygen increased to 6 liters. Resident's daughter called and informed of imminent transport to the emergency room (ER). The fire department arrived to transport the resident to the ER;</p> <p>-12/27/23 at 5:56 P.M., for event date 12/26/23, LPN A noted, on 12/26/23 at approximately 7:30 P.M., the resident arrived to the facility, accompanied by an out of state family member. The family member reported, at approximately 8:00 P.M., that the resident was not feeling well. LPN A assessed the resident, blood pressure was 147/81, pulse 89, respirations 20, and temperature was 98.3. A cough was noted, which was also reported by the family member. The resident had one episode of emesis at approximately 8:05 P.M. and PRN Zofran 4 mg was given. The Zofran was ineffective as the resident had another emesis at approximately 8:15 P.M. and a call was placed to the Nurse Practitioner to report the cough and two episodes of emesis. No new orders were received, and the oncoming nurse was made aware.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/01/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Sunset Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 12651 Village Circle Drive Saint Louis, MO 63127	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/24/24 at 8:13 A.M., Physical Therapy Assistant (PTA) F said he/she entered the resident's room, at about 8:10 A.M. on 12/27/23, to take the resident to therapy. The resident was usually up and in the dining room before 8:00 A.M., but he/she was still in the recliner with a blanket on. PTA F asked if he/she wanted to go to therapy. The resident said no, I don't feel well, but he/she had difficulty speaking and it was hard to understand the words. The resident did not look good and was pale. The PTA went to LPN D and told him/her the resident needed to be looked at. LPN D went to the resident's room right away.</p> <p>During an interview on 1/25/24 at 9:56 A.M., LPN D said he/she worked the 12-hour day shifts and knew the resident very well. The resident always slept in the recliner because he/she could no longer lay flat and breathe well, due to worsening COPD and heart failure. Since the resident's last hospitalization in November 2023, the resident no longer wanted to leave his/her room and would be panting like a marathon runner after just going to the bathroom. There were times he/she did not go to the dining room for breakfast and would be so exhausted by evening, he/she would not change into pajamas. The resident had frequent hospitalizations in 2023. LPN D recalled sending the resident out one time for bad wheezing and another time for respiratory difficulty. The resident was also sick to his/her stomach often and would spit up small amounts into tissues. During change of shift report, on 12/27/23, LPN E reported the resident returned from visiting family, on the evening shift, and was not feeling well. The resident had emesis, but there were no complaints during the night. LPN D did not know if LPN E checked on the resident during the night. PTA F came to LPN D, around 8:15 A.M., and said the resident did not look well. LPN D went to the resident's room, heard the resident's wheezing when he/she entered the room, and tried to wake the resident. LPN D had a hard time getting the resident to come around and did not recall the resident speaking at all. The resident's skin was warm and his/her oxygen saturation was in the 80s. He/She applied supplemental oxygen, via a nasal cannula, and when the resident's oxygen saturation was checked again, it was 65. 911 was called, a re-breather mask was applied, and the oxygen level was increased. LPN D said he/she always gets a resident's vital signs in an emergency, because report must be given to Emergency Medical Service (EMS) upon their arrival. LPN D did not recall what the resident's vital signs were and did not know why he/she did not document them in the resident's chart. LPN D noted some emesis on the resident's shirt, about the size of tennis ball, and the resident's pants were wet. The resident had been incontinent of urine, and it had overflowed the brief, but the resident was a heavy wetter, due to a diuretic. They did not clean the resident before EMS arrived because it was not a priority. LPN D was too concerned with the resident hanging on.</p> <p>Review of the resident's Situation, Background, Assessment, Recommendation (SBAR, a communication tool that helps provide essential, concise information, usually during crucial situations) form, completed by LPN D, dated 12/27/23 at 10:55 A.M., showed:</p> <p>-Situation: Labored breathing, started on 12/27/23, has worsened, has occurred before and was hospitalized ;</p> <p>-Vital Signs: none listed;</p> <p>-Pulse oximetry (finger monitoring device for a quick and non-invasive technique that measures the oxygen saturation in the blood) %: 65 on room air;</p> <p>-Mental Status: Decreased level of consciousness (sleepy, lethargic);</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/01/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Sunset Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 12651 Village Circle Drive Saint Louis, MO 63127	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Functional Status: Weakness;</p> <p>-Respirator Evaluation: short of breath (SOB), abnormal lung sounds, labored or rapid breathing;</p> <p>-Cardiovascular Evaluation: ox checked off for: Not clinically applicable to the change in condition being reported;</p> <p>-Abdominal/Gastrointestinal Evaluation: Nausea and/or vomiting;</p> <p>-Appearance: Complexion pale, diaphoretic, labored breathing, nausea and vomiting;</p> <p>-Do not resuscitate (DNR) box was checked.</p> <p>Review of the resident's EMS run sheet, dated 12/27/23, showed EMS was on the scene at 8:39 A.M. for a patient with difficulty breathing and was met by staff in the hall who said the patient began vomiting last night and they were afraid he/she may have aspirated this morning. Staff said the resident was normally oriented times four (aware of self, place, time, and the situation around them). The [AGE] year-old patient was sitting in a chair, with vomit on his/her shirt, and was incontinent of urine. The resident was alert but slow to respond, confused, and oriented times two (aware of self and place). EMS heard audible full lung crackles from across the room. The resident's skin was hot to touch with a racing pulse. The resident was satting at 82% on the facility's non-rebreather mask. EMS switched to their mask, increased the oxygen to 15 liters/minute, and the resident was satting at 89%. Vitals were taken upon move to ambulance. Intravenous fluids were started in the ambulance and the patient was placed on continuous positive airway pressure (CPAP, a non-invasive positive pressure ventilation that helps improve the work of breathing and oxygenation for those with cardiopulmonary complaints related to primary respiratory or cardiovascular complaints), which raised his/her oxygen saturation to 92%. Heart rate was between 120 and 180 and tympanic temperature read 103.4. Code sepsis was called to the hospital while in route because the patient met sepsis criteria. EMS arrived at 9:07 A.M. to the ER.</p> <p>Review of the resident's Hospital Discharge Summary, dated 1/6/24, showed:</p> <p>-12/27/23: The resident came to the ER with shortness of breath and altered mental status. The resident had multiple episodes of vomiting last night and was getting more dyspneic (difficulty breathing) and hypoxic (inadequate oxygen delivery to the tissues either due to low blood supply or low oxygen content in the blood). Per EMS the resident was normally alert and oriented (A and O) times four but was A and O one to two in the ER. Resident was febrile to 103.4 on route to hospital. The resident was intubated (tube inserted through the mouth and into the lungs so the person can be placed on a ventilator to assist with breathing) upon arrival to ED, blood cultures taken for suspected sepsis (from pneumonia or urinary tract infection) and started on intravenous antibiotics. Medications were given for septic shock. The resident's blood pressure began to deteriorate. The resident's code status was DNR, but family wanted the resident treated and intubated in the ER;</p> <p>-12/28/23: Overnight the resident remained on ventilator support, was tachycardic (an abnormally rapid heart rate), hypotensive (abnormally low blood pressure), and required medications for this. The resident remained oliguric (low urine output) with worsening metabolic acidosis (acid build up in the body). Blood cultures showed Haemophilus influenza and infectious disease was consulted.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/01/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village Sunset Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 12651 Village Circle Drive Saint Louis, MO 63127	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 2/7/24 at 3:17 P.M., the Administrator said staff did not follow the facility's change in condition policy and LPN A, the evening shift nurse, should have documented he/she gave the Zofran, on the resident's MAR.</p> <p>During an interview, on 2/7/24 at 3:17 P.M., the Director of Nursing said she did not expect LPN E, the night shift nurse, to check on the resident during the night because the information LPN E received in report, from LPN A, was that the Zofran given by LPN A had fixed the resident's problem. She also said the nurses chart by exception (a method of medical documentation in which nurses only provide notes if there are deviations from a resident's norm or baseline) but would have liked to have seen a note by LPN E, regarding the resident's emesis status on his/her shift.</p> <p>During an interview on 1/26/24 at 9:56 A.M., the resident's Physician said she heard nothing about what happened to the resident until the next morning, on 12/27/23, and was told they had been checking on the resident through the night. The nurse called the Nurse Practitioner on call, the evening before, and was told the resident was given Zofran. The Physician said when there is a change in condition, and the resident was not at his/her baseline, the licensed nurse should monitor the resident. The resident should have been monitored through the night. The physician said, There were two episodes of vomiting, then (he/she) was resting comfortably, and next (he/she) is unwell in the morning. Did they examine (him/her) again, after the first two episodes of vomiting, did they do a physical examination of the resident, because I would expect that.</p> <p>MO00230537</p>		