

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265156	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/07/2025
NAME OF PROVIDER OR SUPPLIER Delmar Gardens on the Green		STREET ADDRESS, CITY, STATE, ZIP CODE 15197 Clayton Road Chesterfield, MO 63017	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>46967</p> <p>Based on interview and record review, the facility failed to conduct a thorough investigation after a facility nurse discovered a resident (Resident #1), who was confused, with a bruise on his/her chest, an abrasion above his/her right eye, a skin tear on his/her nose and an abrasion on his/her right elbow. The resident could not tell the nurse how he/she sustained the injuries. The sample was 3. The census was 105.</p> <p>Review of the facility's Injury of Unknown Source policy, revised May 2021, showed:</p> <ul style="list-style-type: none"> -Indicators of physical abuse may include but are not limited to: -Bruises and/or hematomas; -Injuries of unknown source-no abuse/neglect suspected; -If a logical/reasonable explanation of the source of the injury cannot be determined, notify your local state agency within two hours of discovery; -Staff must provide a statement as to their knowledge or lack of knowledge of the injury; -The resident's physician must be notified; -The resident's representative must be notified; -A complete body assessment must be completed on the resident. <p>Review of the facility's Post Fall Assessment policy, dated 7/1/15, revised July 2024, showed:</p> <ul style="list-style-type: none"> -All falls are investigated to determine the reasons for the fall and to develop interventions to minimize or eliminate future falls; -The nurse on duty will complete a Post-Fall Assessment Event for each fall; -Physician and resident representative must be notified of all falls; <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265156	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/07/2025
NAME OF PROVIDER OR SUPPLIER Delmar Gardens on the Green		STREET ADDRESS, CITY, STATE, ZIP CODE 15197 Clayton Road Chesterfield, MO 63017	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Neurological Assessment should be initiated with all falls: Initiate Neurological Assessment Form DGE 047A for falls with head injuries. Initiate Neurological Assessment Form DGE047B for unwitnessed falls without head involvement;</p> <p>-Nurses must assess the resident's condition following the fall and document every shift for 72 hours after a fall.</p> <p>Review of Resident #1's significant change Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 12/4/24, showed:</p> <p>-Cognitively intact;</p> <p>-Lower extremity impairment on one side;</p> <p>-Required substantial/maximum assistance with mobility and transfers;</p> <p>-Diagnoses included congestive heart failure, peripheral vascular disease (PVD, a progressive disorder that affects blood vessels outside the heart and brain, including arteries, veins, or lymphatic vessels), end stage renal disease, diabetes and absence of left leg above knee (amputated).</p> <p>Review of the resident's physical therapy discharge notes, dated 1/14/25, showed:</p> <p>-Bed mobility: Partial/moderate assistance;</p> <p>-Transfers: Substantial/moderate assistance;</p> <p>-Ambulation: Not applicable.</p> <p>Review of the resident's progress notes, showed:</p> <p>-On 1/21/25 at 9:04 P.M., (recorded as late entry on 1/23/25 at 5:07 P.M.) the nurse collected a urinalysis (UA) and placed it in the fridge in the soiled utility room for pick up. At 6:08 P.M. (recorded as late entry on 1/23/25 at 6:11 P.M.) the Director of Nursing (DON) noted the resident sustained a minor injury fall. The resident said he/she was sleeping and fell out of bed. The resident had an abrasion above his/her right eye, and an abrasion to the right elbow. The resident denied pain. Treatment and interventions were put in place. Physician and power of attorney (POA) were notified;</p> <p>-On 1/22/25 at 12:32 P.M., the nurse assessed the resident for wound care and noticed a red/purple area on the resident's chest which measured 0.5 centimeters (cm) x 3.5 cm, nose measured 3 cm x 1 cm, and above right eye measured 3 cm x 4 cm. There was also dried up blood on his/her right elbow which measured 1.9 cm by 0.1 cm. The nurse cleansed and applied xeroform (a sterile, non-adherent wound dressing) and foam dressing to the resident's elbow. The resident was confused and said he/she remembered rolling over, but did not remember falling or getting up. The resident's physician and family were notified;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265156	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/07/2025
NAME OF PROVIDER OR SUPPLIER Delmar Gardens on the Green		STREET ADDRESS, CITY, STATE, ZIP CODE 15197 Clayton Road Chesterfield, MO 63017	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-On 1/23/25 at 2:28 A.M., the resident laid in bed with bed in lowest position, was able to make needs known, voiced no pain or discomfort, and skin was warm and dry to touch. The resident remained on observation for fall with skin tear to right elbow, bruising to right eye and nose, call light within reach. At 12:21 P.M., UA pending. At 5:07 P.M. the resident laid in bed. The bruise on his/her face and neck was going away. It was pink in color. The resident had some confusion, but it was better.</p> <p>Review of the resident's fall risk assessment, dated 1/23/25, showed:</p> <ul style="list-style-type: none"> -History of falls; -Gait impaired; -Oriented to his/her own ability; -High risk for falls. <p>Review of the resident's care plan, updated on 1/23/25, showed:</p> <ul style="list-style-type: none"> -Problem: Cognitive loss/dementia. The resident scored 12 on BIMS upon admission. He/She had forgetfulness at times and needed reminders and cues; -Approach: Staff alerted the physician if this was a new observation, establish an environment of mutual trust and respect, excluded underlying related medical problem, and provided verbal and visual reminders; -Problem: Falls. The resident had a recent history of falls related to hallucinations; -Approach: Despite decreased safety and recommended assistance with mobility, the resident chose to remain as independent as possible and continued to self transfer. Staff were to provide frequent checks and offer to assist with toileting and transfers. Despite frequent reminders, the resident did not remember to use the call light and ask for assistance. Staff will attempt to anticipate his/her needs. <p>Review of the resident's post fall assessment, dated 1/24/25, showed:</p> <ul style="list-style-type: none"> -Unwitnessed fall occurred in the resident's room; -The resident said he/she was sleeping and fell out of the bed. Staff transferred him/her with the tent; -Neuro checks initiated and UA pending. <p>Review of the resident's progress notes, showed:</p> <ul style="list-style-type: none"> -On 1/24/25 at 1:51 P.M., the resident denied pain or discomfort. The resident's bruise on face was healing. Staff continued to monitor; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265156	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/07/2025
NAME OF PROVIDER OR SUPPLIER Delmar Gardens on the Green		STREET ADDRESS, CITY, STATE, ZIP CODE 15197 Clayton Road Chesterfield, MO 63017	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-On 1/25/24 at 3:45 A.M., the resident remained on fall observation. No pain or discomfort. Bruising remained. Neuro checks and range of motion with in normal limits. At 3:06 P.M., urine culture reported to physician. New orders received for bactrim (used to treat a wide variety of bacterial infections) and acidophilus (used as a probiotic to promote the growth of good bacteria in your body) by mouth for five days. The resident's family was notified of UA results and new orders for antibiotics.</p> <p>Review of the resident's UA culture, dated 1/25/25, showed the sample was collected on 1/21/25 at 12:43 P. M. and positive for urinary tract infection (UTI).</p> <p>During an interview on 4/7/25 at 1:50 P.M., the Administrator said she heard the resident had a mark and staff did not know where it came from. The resident said he/she rolled out of bed. He/She said staff used a tent to get him/her back in bed. They assumed he/she was referring to the Hoyer lift. They are not sure who got him/her off the floor. He/She could not get off the floor without assistance. Whoever got the resident off the floor did not document the fall. The Administrator thought they did an investigation. She didn't think they in-serviced staff.</p> <p>During an interview on 4/7/25 at 2:04 P.M., the DON said they never established if the resident fell . The facility had all agency working on the day it happened. They called staff. No one answered their phone, or they did not remember the fall. She put in the fall investigation, because the resident said he/she fell . They did not do in-services, because none of the facility staff was working. The resident did have some confusion. They still use agency staff. They did not in-service agency staff, because the staff who worked that night were new. They usually use the same agency staff. They have agency staff review and sign off on our policies at the beginning of their shift.</p> <p>Review of the night shift staffing sheet for 1/22/25, showed two agency nurses, and six facility Certified Nursing Assistants (CNAs) were scheduled.</p> <p>During an interview on 4/7/25 at 3:14 P.M., agency CNA A said he/she has worked at the facility before. His/Her first shift was a year ago. He/She reviews the policy and procedures every now and again, but it is not mandatory to review it each shift. If he/she found a resident on the floor, he/she would get a nurse.</p> <p>During an interview on 4/7/25 at 3:20 P.M., agency Licensed Practical Nurse B said he/she has worked at the facility a few times. His/Her first shift was a few months ago. The facility has a policy book agency staff must sign before their first shift. If he/she found a resident on the floor, he/she would assess the resident. Then check their status, call paramedics, and call the doctor to see what he/she wants to do. He/She was sure something else should be done, but he/she could not remember everything.</p> <p>During an interview on 4/7/25 at 3:40 P.M., the DON said all the nurses were agency. The CNAs were facility staff. The resident's family member thought the resident hit the nightstand. The resident said he/she fell and as a precaution the DON documented a fall. She did not think it was an injury of unknown origin. She did not think they should have completed an investigation. She thinks they asked the questions they needed to ask. I think the post fall assessment covered us.</p> <p>MO00250795</p>		